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ATTENDING PHYSICIAN: The law requires that the

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

86240

6275 CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside carparote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Life Hagerstown magerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Summit Avenue ON A FARM? 303 Summit Ave. YES NO DO NAME OF First Middle 4. DATE Last Month Day Year DECEASED 18 TRENE MAY ALBERT May 60 (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 79 yrs. Months Hours Doys Female May 1, 1881 White DIVORCED | WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Clerk U.S.A. Insurance Agency Hagerstown, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Powles Albert Alice Dumn 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Hagerstown, Maryland George D. Albert none no CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY 4 hr Cerebral hemorrhage IMMEDIATE CAUSE (o) DUE TO arteriosclerosis Indefinite Conditions, if any, which Cerebral gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work at work 21. I certify that (I) (this haspital) attended the deceased from May 1 1960 May 18 1960, that (1) (we) last 60 The from the causes and an the date stated abave. 19 sow the deceased alive an and that death accurred at 22a. SIGNATURE 22b. DATE SIGNED 5/19/60 DIRECTOR -PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Washington St .. Hagers town Kneisley, M.D. 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23d. LOCATION (City, fown, or county) (State) Burial (Specify) Rose Hill Cemetery Hagerstown Maryland **ADDRESS** 25g. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE DATE MAY 2 3 '60 Suter - Rouser Funeral Home arthur S. Kinses

Hagerstown, Md.

page 3 sh the State TO FUN VR A15 (4) 15M 9/59

TKAL DIRECTOR:

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Implications! A Springer Indiana noted that of * NE ST. 1915 / TE CHENES & LESS SEE THE THE PARTY OF T # LT. LT. satisfy afron A CHARLES STATE OF THE SECOND Males and the state of the stat centional SIES on a collection of the e con a constant and a constant and

MARYLAND STATE DEPARTMENT OF HEALTH ONITION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

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1. PLACE OF DEA	Washington	MARYLAN	a STATE	nere deceased lived. If institution b. COUN	mV	efare admission) Ington
RURAL and	WN (If autside carparate limits, was give nearest tawn)		1 222	utside carporate limits, write	RURAL and give	nearest lawn)
	town Maryland		V 3	High St.		
OR INSTITU	HOSPITAL (If not in hospital, give ton County Ho		d. STREET ADDRESS Hancock	Maryland		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF		Middle		T		
(Type ar print)	Clar	ence	Bain	OF DEATH		2 19 60
5. SEX	642	MARRIED NEVER MARRIED DOWED DIVORCED	Nov.3.1885	9. AGE (In year lost birthday		Hours Min.
10a. USUAL OCCI	UPATION (Give kind of work done of working life, even if retired)	10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State	ar fareign cauntry)	12. CITIZEN	OF WHAT COUNTRY?
Retire	d Barber	Barber	Fulton	County Penr	B. U	S.A.
13. FATHER'S NA	AE .		14. MOTHER'S MAIDEN I	NAME		
	hn W Bain			ine Bain		
Yes, no, or unknown)	EDEVER IN U. S. ARMED FORCES' (If yes, give wor or doles of service		, INFORMANT	A	ddress	
Yes	1908	220-18-130B	Catherine C	Bain Hanco	ck Md.	
	OF DEATH [Enter anly one cause	per line far (a), (b), and (c).]			[]	NTERVAL BETWEEN
PART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Azotemia and	Hyperglysemi	8		5 days
45	DUE TO					
	if any, which) (b)	Glomerular a	rteritis		1	unknown
	to immediate DUE TO					
lying cause	/ (4)					
Pulmo	nary emphyse	ONS CONTRIBUTING TO DEATH	rdial hemorr	hare. Tt.	ventric	19. WAS AUTOPSY
5 Hype	ctrophy, rt.	<u>ventricle: Ur</u>	emic colitis			YES NO
OR CONTRIB	NT WAS UNDERLYING 206 UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I or Part II at item 18.)		
20c. TIME OF Hour	a.m.	While Nat while	PLACE OF INJURY (Hame, farm factory, street, office bldg., etc		(Caur	nty) (State)
	F1 101	it wark at work	1 13 05	1 Moss 0	60	
	y that (I) (this haspital) a	ttended the deceased fra	m April 26 26	em to DST	, 19,	that (I) (we) last ate stated above.
22a. SIGNAT	URE					22b. DATE SIGNED
1/	ht kymo	~ m		IRECTOR PHYS.		
22c. PHYSICI NAME (an, M.D.		O Profession		7
					varylan	<u>a</u>
REMOVAL (S	MATION, 23b, DATE THEREOF	23c. NAME OF CEMETER		23d. LOCATION (City, law	n, ar caunly)	(State)
Buri	al 5.5.60	Demascus	Christian		inty Per	
24, FUNERAL DIR	ECTOR'S SIGNATURE	ADDRESS	250. REC		GISTRÄR'S SIGNA	
MALLI	rual of Suo	who Home of a	OL mel DATE M	AY 9 '60	Cithur S. +	Contra

TO HOSE (AL OR ATTENDING FHYSICIAN: The law requires that the death certificate be exacuted within Jours after death. Page 4 may examed by the hospital or attending physician.

TO FUNNIAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, or remayal, and in any eyent, within 72 hours after death. VR A15 (4) 15M 9/59

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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

	6	277	CERTIF	ICATE C	F DEAT	Н			062	42
1. PLACE OF DEATH o. COUNTY WAS 1	ingten	⇒.	MARYI	1 0 5	TAL RESIDENCE		d lived, If in b. COL	YINL	inste	
b. CITY OR TOWN RURAL and give		limits, write c	Life ti	103_	arerst		orate limits, w		d give neare	st town)
d. NAME OF HOS	PITAL (If not in haspita	-	dress)	/d.	STREET ADDRESS				1	IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	,	VISE	(no-)	-	CRET	7 4. DATE OF DEATH		Manth	6 Day	Year 196
s, sex	6. COLOR OR RAC	WIDOWED	NEVER MARRIE DIVORCED		t 8 1	895	9. AGE (In y last birtho		Days Days	Haurs M
Demos to 13. FATHER'S NAME	TION (Give kind of wa orking life, even if reti	rk dane 10b. Kli red) Pri		dly	*****	tewn.		- 0	SA.	VHAT COUNT
IS WAS DECEASED E (Y). no. or unknown)	VER IN U. S. ARMED F (If yes, give war or dates		CIAL SECURITY NO.	17. INFORMA	Emma MI Edith I	Barte gek 43	*	Address Ple	een	
	EATH [Enter only one EATH WAS CAUSED B		for. (e), (b), and (c).]	міл						AND DEA
Canditions, if gave rise to cause (a), statir lying cause las	immediate DUE	(b) 10 (c)	VEPHRO.						UN.	KNOV
CEREB	RAL THI WAS UNDERLYING [] NG [] CAUSE OF DEA' FY MEDICAL EXAMINE	ROMBO		GENE	RALIZI	ED AN	RTERIE	SCLEA		PERFORMET
20c. TIME OF INJ Hour g. n p. n	1	Year 20d. INJU While at wark [_ Not while	20e. PLACE OF factory, str	INJURY (Hame, i set, affice bldg.,	form, 20f. (Cit etc.)	y ar tawn)		(County)	(5
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22a. SIGNATURE	George	Be	cir	M.D. PI	TENDING	MED. DIRECTOR	STAFF PHYS.		5/	6 60 BIG
22c. PHYSICIAN'S NAME (Type	DR.GE	ORGE	BERCU		d. ADDRESS 500 PEN	WSYLVAI	VIA AVE	HAGE	RSTON	N. M
23a. BURIAL, CREMAT	TION, 236, DATE THE	PEOF I	23c. NAME OF CEME			1224 1054	TION (City, to			
E34777 (3-7	May 10	1000	Rose Hil	TERY OR CREM	ATORY	23d. LUCA	more (city, ic	awn, ar caunt	y)	(State)

may. Nained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 shauld be filed with the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HO

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Washin	gton		MARY	LAND	2. USUAL RESIDEN a. STATE Maryl		_	b COUNTY		nce befa	re admiss	ian)
RURAL and give n	If outside corporate limited earest town)	its, write	c. LENGTH OF STAY		O.3 H		rside carpora		URAL and	give nec	arest town)
d. NAME OF HOSPI	TAL (If not in haspital, s											FARM?
3. NAME OF DECEASED (Type or print)		rst	BOVEY	•	Last RENTZ		4. DATE OF DEATH	May 1	9 19	Do DACO	,	Year 19
s. sex	6. COLOR OR RACE White	7. MARE	IED NEVER MARRIE	D B	DATE OF BIRTH	1869	9	AGE (In years lost birthday)	IF UNDER	-		ER 24 HRS Min.
Oabinet 13. FATHER'S NAME	king life, even if retired	Re	kind of Business o	R INDUST	TUNKS 1	town	Wash	Go Mc			SA	OUNTRY
15. WAS DECEASED EVE		RCES? 16.	SOCIAL SECURITY NO	Jo	ORMANT		McDc	Add	Mary	lar	ıd	
Canditions, if a gove rise to i cause (a), stating lying cause lost.	the under-	b)	andro-	Vac	cula l	Uco	lear	<u>e</u>		ON	SET AND	G BS
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200. ACCIDENT W. OR CONTRIBUTION OR CONTRIBUTI	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER RY Manth, Doy, Ye 19		NJURY OCCURRED Not while	20e. PLA	CE OF INJURY (Honory, street, affice bloom	ne, farm,				(Caunty)		(State
21. I certify the	at (1) (this haspitalised alive an Ma	a latence	to 1	that de	eath accurred a	ME	M, from t	he causes of			stated	we) las dabave b. DATE SIGNEI
22c. PHYSICIAN'S NAME (Type)	SWL+	Va	n		22d. ADDRESS	300	rust	eu.	<	n	4	/
230. BURIAL, CREMATIC REMOVAL (Specify Burial	5/21/6	OF SO	Rose Hi		emetery		Hager	ON (Cily, town,	Wels	sh C	O M	,
24, FUNERAL DIRECTOR		n Wec	ADDRESS	Md.	-	Sa. REC'D	BY REGISTR		ISTRAR'S S			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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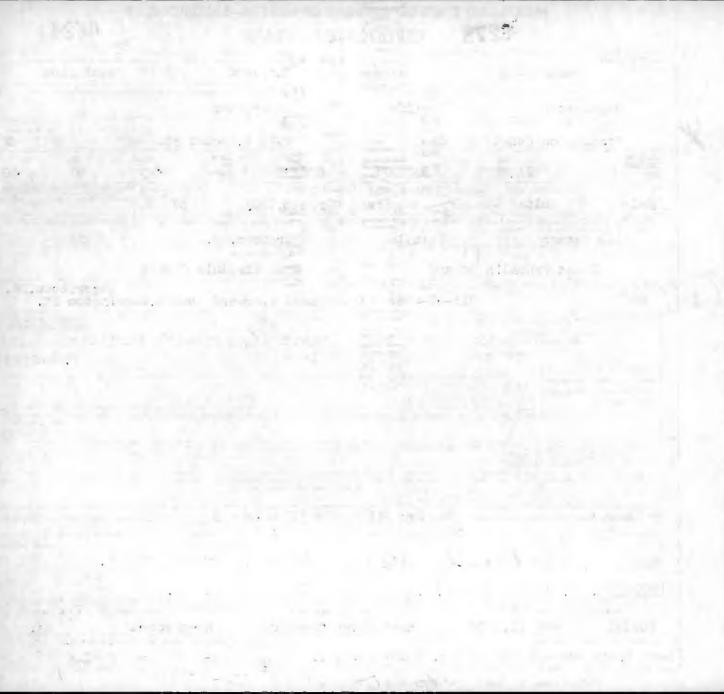
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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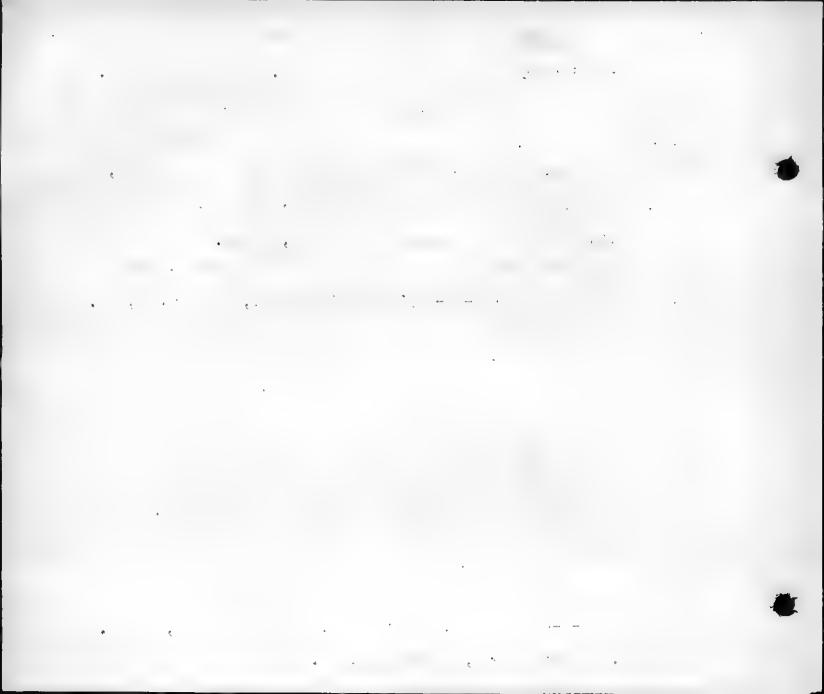
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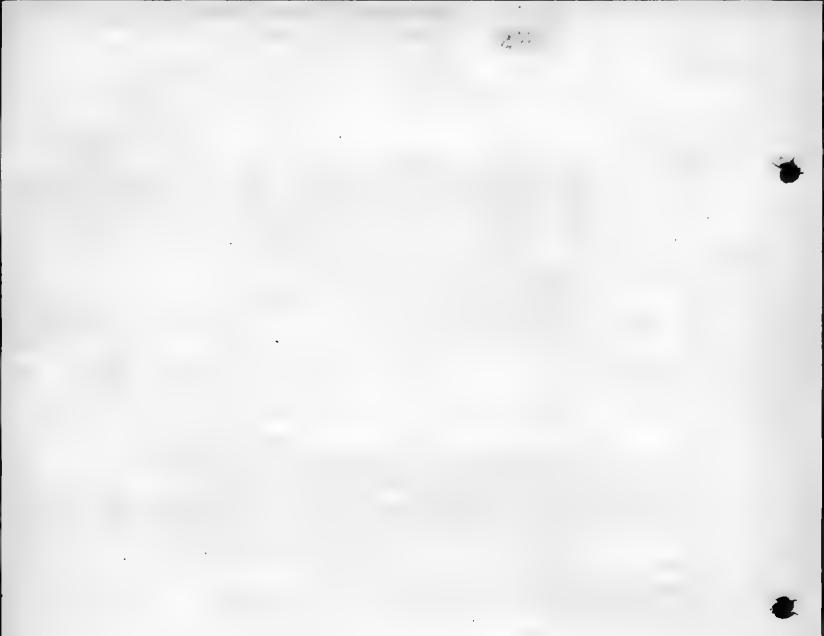
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•	-	6343 CERTIFICATE OF DEATH Reg. Dist. No.
n Page 4 Il director, filed with	M)	1. PLACE OF DEATH o. COUNTY Uash. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Wash.
ofter death the funeral shauld be fi	`	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town of the composition of the compositio
by d 2	X	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR PUSTITUTION MAUGANS VILLE, Md ON A FARM? YES DO RO
Filled in		3. NAME OF DECEASED (Type or print) NANCY - Buterbaugh. 4. DATE OF DEATH May 23 1960
campletely sapers. Pa		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 10/17/1881 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min.
× 0 0		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (Stole or foreign country) Was Mercers burg, Pa. 12 CITIZEN OF WHAT COUNTRY? HOUSE WIFE HOUSE MERCERS burg, Pa. 4.5.A.
d is is		David L. Martin Sara Exert
th certific ding phys use remay n 72 hour		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO TO STORMANT Raymond Buterbaugh - Many consults
the dea e atten- se ples		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH ONSET AND DEATH
es that ed by th mit. Th any eve		Conditions, if ony, which gove rise to immediate (b)
requirition, an signe asit per and in		couse (a), stating the <u>under-lying couse lost.</u> (c)
The law g physic has be urial-tra	V	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO STATE OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO STATE OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO STATE OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO STATE OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO STATE OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO STATE OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CON
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ital ar o this ce or use a		Hour o m. 19 While Not while of work of work
ENDING he hosp it: After lacked f burial, i	1	21. I certify that I attended the deceased fram. 12. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
OR ATT sed by I sirecto d be del oriar ta		ACTUAL SIGNATURE M.D. ADDRESS (Street-city or town, store) ACTUAL SIGNATURE M.D. ADDRESS (Street-city or town, store) ADDRESS (Street-city or town, store) DATE SIGNED
AL Dair AL Dashor Sistror p		PHYSICIAN'S NAME (Type) THE W LJ (TO 9
TO HOY		REMOVAL (Specify) 5/25/60 Broadfording Cem, Wash, Co, md.
VS A15 (4) 15M 10/57	T.J.	23. FUBLICAS DIRECTOR'S SIGNATURE ADDRESS ADDRESS P. 24g REC'D BY REGISTRAR'S SIGNATURE DATE



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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6299 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No

06247

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1,	LACE OF DEATH	shington	Management, spirite.	MARY	LAND	2 USUAL RES		here deceased	lived. If institut b COUNTY			
Ŀ	CITY OR TOWN	f outside corporate limits, with	FRURAL	c LENGTH OF STAY	N 16	c CITY OR	TOWN (F	outside corpor	ote limits, write	RURAL ond	give ne	orest town)
	Hagerst	•		most of 1	ife	0	Hag	erstown	a			
d	NAME OF HOSP	TAL OR INSTITUTION	lf not in h	iospilal, give street oddress)	d STREET A	DDRESS					IS RESIDENCE
	Y. M.	C. A.				212 N.	Poto	mac St	reet			YES NO
3.	NAME OF DECEASED	Fire	И	Middle		Lost		4. DATE	Month		Doy	Yeor
	Type or print)	PAMELA		LEE		CAREY		DEATH	May	•	21	19 60
5. \$	Female	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		DATE OF BIRTH	9, 1		AGE (In years fout birthday) O yrs.	-		Hours Min.
10a	USUAL OCCUPATION	ON (Give kind of work i	done 10b	KIND OF BUSINESS OR I		Y 11 BIRTHPL	ACE (State :	or foreign cour		12. CITIZ	ZEN OF	WHAT COUNTRYS
d	School gi	ng_life, even it refired):							v Jersey		S.A.	
13.	FATHER'S NAME					14 MOTHER'S				.1 .77		-
	J	ames Carey					Barba	ra Jear	n Mc She	rrv		
15.	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES?	6. SOCIAL SECURITY NO	17. IN	FORMANT			Address			
[[F I I I	no	(If yes, give wor or dates of	seunice]	none	M	s. Bart	ara J	ean Du	n Hage	rstow	m. l	4d.
	18 CAUSE OF DEA	ATH (Enter only one cou	se per fin	ne for (o), (b), and (c)]				~				AL BETWEEN AND DEATH
	PART I, DEA	TH WAS CAUSED BY:		Drowning							1 _	nstant
	010	4- DUE TO		DT OMITTIES					······································	-		us vallo .
	Conditions, if	ony, which) (b)										
	gave rise to imme (a), stating the	diote couse							-		_	resonatazione mala de a vi
	couse fost.	(c)										
Z	PART II, OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUTN	OT RELATED TO	THE TERMIN	NALDISEASE C	ONDITION G VE	N IN PART	1(0) 19,	WAS AUTOPSY
FICATION	DAL EVERNAL CA	1105 1440									YI	PERFORMED?
CERTI	PRIMARY BOOF CO CAUSE OF DEATH.	NTRIBUTING L		ded in swimm					ilem 18.)			
CAL	20c. TIME OF INJU	IRY Month, Day, Yea	r 20d	I, INJURY OCCURRED 20	e. PLAC	E OF INJURY (F	lome, form,	20f, (City or	town)	{Cour	nly)	(Stote)
MEDIC	12:), 0 p. m.	5-27- 196	Wh	work of work	facto	ry, street, office	bidg., efc.)		stown.	Wash.		Md.
				remoins described	obov	e, held an	Autopsy	M. Insp	ection .	Inquiry		and in my
				couses . Accid	-	_	' ']. Undeter	. ,	, print,	
	ACTUAL SIGNATURE	Ne Zui	Si	Mo		M.D. CHIEF M	EDICAL EX	AMINER [DATE SIGNED
	EXAMINER'S			//		ASSISTA	NT MEDICA	L EXAMINER		5	-23	-60
	DAA DAM IN D	r. E. M. Di	tto.	Jr.		DEPUTY	MEDICAL E	XAMINER E	Printed and		2	
220	BURIAL CREMATIC	ON, 225 DATE THEREO	if a	22c. NAME OF CEMETE	RY OR	REMATORY		22d LOCATIO	N (City, Iown, o	county)	- Value - (ON)	(Stote)
	Burial	5/24/196	00	Rest Have	n Ce	metery		Hagers	stown.	Address over the second	Mary	land
23 S1	FUNERAL D RECTOR	es signature uzer Funera] Her	ADDRESS			240 REC'D	BY REGISTRAL	246 REGIST	TRAR'S SIGI	NATURE	
	H. Frankl	n Pergen	1102	Hagerston	m	Md.	DATE M	AY 25 '60	a	Alun &	Than	A



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6201 CERTIFICATE OF DEATH

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	Reg.	Dist.	No.	
tion	Resi	danca	hefore	

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1	PLACE OF DEATH O. COUNTY WAShir	ngton		МА	RYLAND	2 USUAL RES	rylan	here deceased li	ved If institution b. COUNTY	wa sh	e before od Ingto	imission) D
	b. CITY OR TOWN (FIRE RURAL and give ne Hagers	f autside carporate tim arest tawn) COWN	its, write	c. LENGTH OF STA		3	oters	outside corporate	e limits, write R	URAL and gi	ve nearest	tawn)
W	a NAME OF HOSPIT OF INSTITUTION ashingtor	AL (If not in hospital, of County				/ d STREET 256		otomac	St.		0	RESIDENCE IN A FARM? S NO 1
3.	NAME OF DECEASED (Type or print)	Jay Fi	 Blan	.d	Carr		ost	4. DATE OF DEATH	May	th 16	5 Day	Year 1960
5.	Male Male	6. COLOR OR RACE White	7 MARR			Janua:		,1918	AGE (In years last birthday)		YEAR IF U	INDER 24 HRS
10	was USUAL OCCUPATION during most of work	DN (Give kind af work ung life, even if retired 1 St	done 10b.	KIND OF BUSINESS Electric				ar fareign caun	d.	12. CITIZ	EN OF WH	AT COUNTRY?
13	. FATHER'S NAME					14. MOTHER	S MAIDEN	NAME		•		
	James	Carr				V	erna	V. Mau	gans			
	WAS DECRASED EVE			SOCIAL SECURITY N	IO. IN	FORMANT			Addi	ress		
, f	es, no, or unknown)	(If yes, give wor or dates of a	METWICE]		Mrs	. Mary	7 K.	Carr	Hage	rstov	vn h	/d.
		mmediate (Mas Thr	e for (o), (b), and (cosive Ce	rebra					nere	ONSET A	days.
MEDICAL CERTIF, CATION	PART II. OTH	IER SIGNIFICANT CON	Non	ne.					-	EN IN PART	PE	AS AUTOPSY REFORMED?
L CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRISE HOW INJURY	OCCURRED	. (Enter nature	of injury in	Port I or Part II	of item 18.)			
MEDICA	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED Nat while at work	20e. PLA fact	CE OF INJURY ory, street, offi	(Hame, farn ce bldg , etc	m, 20f. (City or c.)	town)	(Co	ounty)	(State
	21 I certify the alive on Ma. ACTUAL SIGNATURE	at I attended the	decease 19.0	ed from Ma., and the	y 13 at death 	occurred d	11:42	May 16 A, from the ADDRESS (Street Potoma	e causes an t, city or town,	d on the	date sta	
	PHYSICIAN'S NAME (Type)	R. A. Bel]	Hager	stown	Md.			
22	BUR AL, CREMATIO REMOVAL (Specify)	5-19-60		22c NAME OF CE				- Com	N (City, tawn,		4	(State)
~					aven	Cemet			erstow		1	
I	FUNERAL DIRECTOR'S			ADDRESS	- 1 -	252	24a. REC	AY 2 D 60	245. REGIS	otrar's sigi		
10	cott F. I	Minnich &	Son	Hagers	town	Md.	DATE	W11 ~ 0		20.	1 Abenian	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06949

	CERTIFICATE OF DEATH	L (/
1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived I if institution: Residence of STATE of COUNTY) 3. STATE of COUNTY	before admission)
	WASHINGTON MARYLAND O. STATE MARYLAND WASHING	7001
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	e nearest town)
	HAGERSTOWN GHOURS LEITERS BORG - RURAL	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	a IS RESIDENCE ON A FARM?
	WASH, CO. FLOSPITAL PHACERSTOWN MD. R.S.	YES X NO
3.	NAME OF First Middle Last 4. DATE Manth OF	Day Year
	Type or print) ANNA M. CL-DPPER DEATH MAY 30	1960
\$ 5		YEAR IF UNDER 24 HRS
	EMALE WHITE WIDOWED DIVORCED MAY-17- (888 72 72 75 0)	ays Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12.CITIZE during most af working life, even if retired)	N OF WHAT COUNTRY?
	HOUSE WIFE OWN HOME BEAVER CRELIC WASH CO.	M.D. U.S.A.
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	SAMUEL LINEBANCH ELIZABETH REYNOLDS	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Address	
(10	NO NONE GEORGE D. CLOPPER HAGERSTOWN	V MD. RIJ
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Mesentery Thrombosis	36 hours
	DUE TO)U 310ULS
	Canditians, if any, which) General Arteriosclerosis	5 years
	gave rise to immediate (J. J. Car.
	cause (a), stating the under-	
Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPSY
CATION		PERFORMED?
LL.	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18) OR CONTRIBUTING 20b CAUSE OF DEATH	
CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
₹ C		unty) (Stole)
MEDICAL	Haur a. m. While Not while foctory, street, office bldg , etc.) p. m. 19 at work at work	
-	21 1 certify that (1) (this haspital) attended the deceased fram 5-29- 60, ta 5-30- 1860	that (I) (wa) lest
	saw the deceased alive an 2-30 1960, and that death accurred a 7.45 M from the causes and an the	* / * '
	220 SIGNATURE	22b DATE
	A Sci Lilly 2 M D ATTENDING MED DIRECTOR - STAFF PHYS -	SIGNED
	22c PHYS.CIAN S 22d. ADDRESS	0
	NAME (Type) Dr. E. W. Ditto. Jr. 215 Whenhall Home	love by
230	BURIAL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, John, or county)	(Stote)
	REMOVAL (Specify)	4 · 60 · NID.
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 25a REC'D BY REGISTRAR 25b, REGISTRAR'S SIGN	ATURE
	TALLE D. BOST KOONSBORD MD. DUE TIN 6 '60 Outling S. T	Challe

DATE JUN 6

aurs after death Page 4 ely filled in by the funeral director, Pages I and 2 shauld be shed with TO NOTE THE CONTROLL OF ALTERNATION OF A STREET OF THE CONTROLL OF THE CONTROL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROL OF THE CONTR AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO HO

VR A1S (4) 1SM 9/S9

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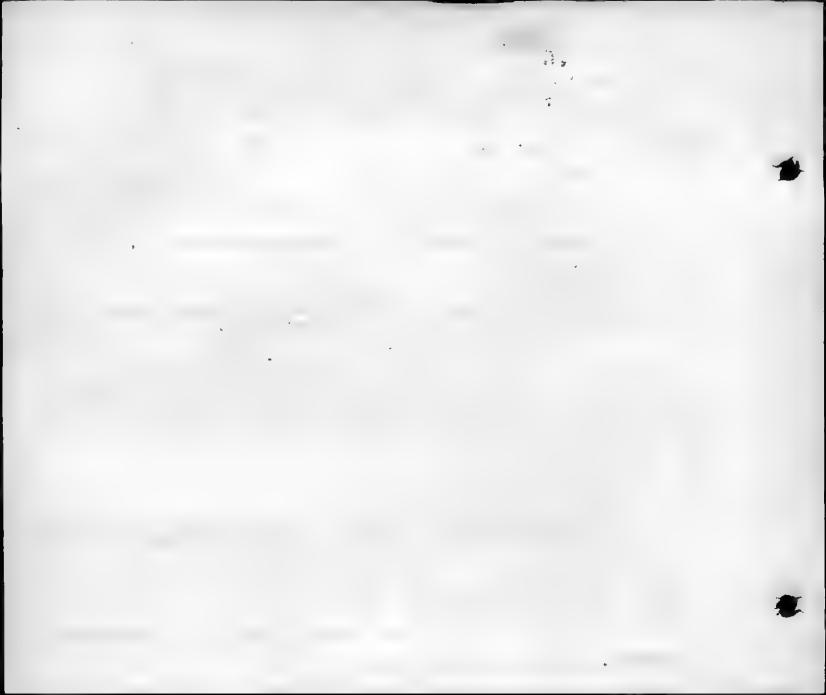
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 6349 CERTIFICATE OF DEATH

06250

1. PLACE OF D					DENCE (Where dece	ased lived.	If enstituti	on: Residen	ce before	e admissi	ion)	
o. COUNTY	nington		MARYLAND	Mary	Maryland Washington							
b. C.TY OR	TOWN (If outside corporate limits, and give nearest town)	, write c LEN	GTH OF STAY IN 15		TOWN (If outside co				give near	est town)	
	augansville		l Yr	X Smi	thsburg							
	F HOSPITAL (If not in hospital, giv	e street oddress)		d. STREET					e	. IS RESI	IDENCE	
0.4	ite Old Folks	a Home		/ So	Main St						EARM? NO 🌊	
3 NAME OF	First		Middle	Lo:		E	Mon	ith	Day	Y	Year	
DECEASED (Type or pri	nt) CHARLES	MAIN	V CL	OPPER	OF DEA	тн]	ay 2	39 19	960		19	
S. SEX	6 COLOR OR RACE	7. MARRIED 🗌	NEVER MARRIED [8. DATE OF BIRT	Н	9. AGE	(In years birthday)	IF UNDER	\rightarrow			
Male	White	WIDOWED T	DIVORCED	July 2	0 1865	94		Months	Days	Hours	Min	
10a. USUAL OC	CCUPATION (Give kind of work do st of working life, even if retired)	one 10b. KIND O	F BUSINESS OR IN	OUSTRY 11. BIRTHP	ACE (State or foreig	n country)		12. CITI	ZEN OF	WHATC	OUNTRY?	
Scho		Ret	tired	Leit	ersburg	Wash	ı Go	Md-		USA		
13. FATHER'S N	IAME			14. MOTHER'S	MAIDEN NAME							
	Simon Clopper	r		Na	ncy Lei	ght						
15. WAS DECE.	ASED EVER IN U. S ARMED FORCE		SECURITY NO. 17	INFORMANT			Add	ress				
No		Nor	le V	erdeen C	lopper	430 S	lummi	t Av	e_			
18. CAUS	E OF DEATH [Enter only one cous	se per lure for (o		**	rstown				INTE	RVAL BET		
PA	RT I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Che	111. 701.	1,97011	Unteres	141	. Wi	800	ONSE	ET AND	DEATH	
1 1	DUE TO	11	() 7	1 more	2 2	10	0				*	
Condition	ons, if any, which)	N/AR. AZ	10. 1146	Min-DOL	arolie-	4000	61	lacan	1	24	100	
gave ri	se to immediate	A	acour.	-41 1000	20100	·		- Carrier S	A9_ /	-/	- 100	
lying car	, starting the under-	Terrom	almil	ackanii	2-1		احسرم	na.	1	- 4	4~~	
	M II OTHER SIGNIFICANT CONDI	TIONS CONTRIB	UTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DIS	ASE COND	ITION GIV	FN IN PAR	T 1(n) 19	WAL	AJTOPSY	
CATIC						., 196 (31)				PERFOI YES	RMED?	
□ OR CONTI	DENT WAS UNDERLYING 2 RIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER	Ob. DESCRIBE H	OW INJURY OCCUR	RED. (Enter nature o	f injury in Part I or	Part II of it	em 18)					
		001 011404	CCURRED 20.	DIACE OF INJURY	H 6 005 /	e*						
	OFINJURY Month, Day, Year a.m. p.m. 19	While N		PLACE OF INJURY (factory, street, offic		City or tow	n)	(0	County)		(Stole)	
				Alph- 1	1 2054.	Ma	14. 74	2 206		A 415 4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	tify that (I) (this hospital)		1	* * //								
220 SIGN	deceased alive an Alle	7-14-1	and that	death occurre	d at_B_ NV, tro	m the of	ouses an	d an the	date		above.	
	c/2011.	111	0.0	ATTENDIN	G 2 MED	STAI	F	رسه		220	SIGNED	
22c PHYSI	TIAN'S	rea		M.D. PHYS 22d. ADDR	DIRECTOR	PHY:		- m	ing	-3/	1-60	
	LTER H. V	NiSH	ARD	m.D	Bus ko	261	~()	Re	ue.			
	REMATION, 23b. DATE THEREOF	23c N	NAME OF CEMETERY	OR CREMATORY	123d. LO	CATION (C	ity, lown.	or county)		(State	ol .	
Buria		Re			7.7		1	PRT -	0.	Ma	,	
	IRECTOR'S SIGNATURE		DDRESS	neme re	25a REC'D BY REC			STRAR'S SIG	GNATURI	E BEG		
Andr	ew K. Coffman	Hadron	stown_Md		DATE JUN 6	'60		rihur S.				
WILLY.	OH THE OUT THE T	TIELD OF T	BULOWIN MA		- CALL			T aliah a				



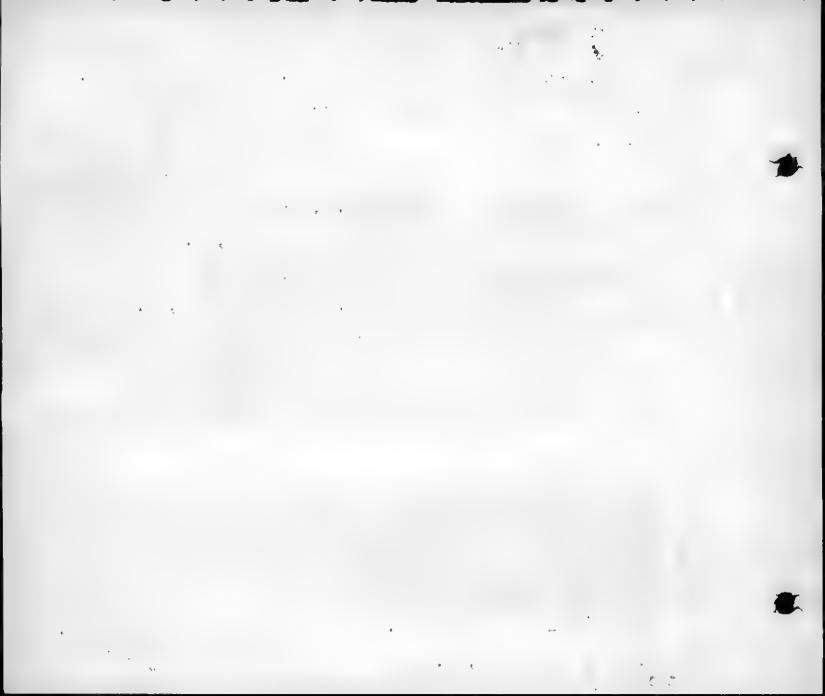
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06251

. 1												-4.	
	1 PLACE OF DEATH a. COUNTY	Washington		MARYI		a STATE	Md.	ere deceased li	ved. If instituti b. COUNTY		e before		in)
d b	b CITY OR TOWN RURAL and give	(If outside carporate limit nearest tawn)	ts, write	c. LENGTH OF STAY	N Ib	c CITY OR TO	OWN (If ou	itside carporat	e limits, write R	URAL and gi	ive neare	st tawn)	
	Hager			5 days	>	Hage	rutew	730.					
	d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	live street	oddress)		d STREET AD	DRE55				e.	IS RESIL	
		Co. Hespital	L		'	Rout	e 4				,		NO 🖳
ı	3. NAME OF	Fir	st	Middle		Last	1	4. DATE	Mar	ıth	Day	Ye	eor
1	(Type or print)	John		W	Cei	mer		OF DEATH	5		12	39	9 60
1	5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	8. D	ATE OF BIRTH		9	AGE (In years		YEAR IF	UNDER	24 HR5.
	male	white	WIDOW	ED DIVORCED	O A	ug. 9.	1959		last birthday) yrs.	Months	Days I	laurs	Min.
П	10a, JSUAL OCCUPAT	ION (Give kind of work	dane 10b.	KIND OF BUSINESS OF				or fareign cour	rtry)	12. CITIZ	EN OF W	/HAT CC	DUNTRY?
ı		rking life, even if retired fant)	infant			Hagar	stewn.	Md		USA		
	13. FATHER'S NAME	I an L		THIGHT	1-	4. MOTHER'S A			rid.		UDA		
		Vanuath Day	. Com						one Mak	1.			
1	15. WAS DECEASED EV	Kenneth Raj		SOCIAL SECURITY NO.	17. INFOR	MANT	Nane	y Kuri	ene Web				
١	(Ves. no, or unknown)	(If yes, give wer or dates of i	etaice]					**		_			
	Re_			none	John	W. Con	mer	Hager	stown,	MdF	4_		
1		EATH [Enter anly one co	use per li	ne far (o), (b), and (c).				4				AL BET	
	PARI I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (d	1 /1-	cherry C.	4- 6	In go	2. 6	A.				F 5	j in
	17	DUE TO		. , -	-								
	Canditions, if		12.	Mary	I sollier I	l'rear.	la our	. Alex			21	4	.3"
1	gove rise to couse (a), statin			0									
	lying cause las		1	,									
	PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE (CONDITION GIV	EN IN PART	1(a) 19.	WAS A PERFOR	JTOP5Y
	TE	-	_									-	NO 🔲
	200. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED. (E	inter nature af	injury in P	art I ar Part II	af stem 18.)				
	20c. TIME OF INJU	JRY Month, Day, Ye	ar 20d. I While			OF INJURY (He , street, office !		20f. (City or	town)	(Ci	ounty)		(5tote)
	p. m	******** 10	at wa			71		<u>i</u>		,			
	21. I certify th	not (I) (this hospito) atten	ded the deceosed	from	4,40	7_, 19	to	1 1/4	1 19!	, that	(I) (w	ve) last
	saw the dece	ased alive on	41.	19(2s), and	that deat	h occurred	í		e couses or	nd on the	dote s	toted	above.
	220. SIGNATURE	000.11	,	7			,				1		DATE
		38660	12-		M D.	ATTENDING PHYS	ME DIR	ECTOR	STAFF PHYS.	41	Z #	5	2104450
	22: PHYSICIAN'S NAME (Type)			THEN		22d. ADDRES	5 7	35 1	•	100 5	T, /		
		10. 10.	run mili	Ng Trick/a			Hi.	07351	0	MRYL	CITY		
	23a BURIAL CREMAT	ION, 236, DATE THEREC)F	23c. NAME OF CEME	TERY OR CE	EMATORY		23d. LOCATIO	N (C ty. tawn,	ar caunty)		(Stote))
	burial	5-16-60		Rese Hi	11			Н	agersto	WM		Md.	
	24, FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS				BY REGISTRA	R 25b. REGI	STRAR'S SIG			
	Fred W. K	raiss Mage	rsto	wa. Md.			DATE MA	Y 17'60	a	rthur L.	Henry		

TO HOWARD OR ATTENDING PHYSICIANS the tax region.

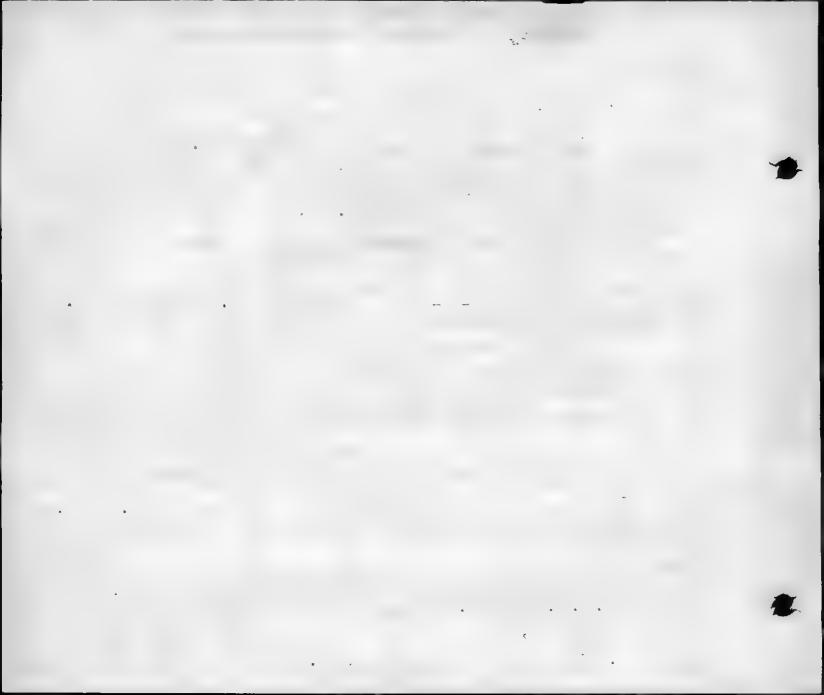
To HOWARD LOR ATTENDING PHYSICIANS the tax region of completely filled in by the funeral director, and the haspital are attending physician ond completely filled in by the funeral director, and the filled with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours ofter death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06252 635 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) " Washington o. STATE Vermont **b.** COUNTY Lamoille MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rutland Rural Leitersburg 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? State Highway 93 Crescent YES TI NO Middle Month DECEASED OF DEATH 1060 May Earle Davis Raymond (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months White Male WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Roofing materia Morrisville Vermont Chemist 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN NAME Burton Davis Unknown pages Pages Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address F. (If yes, give war or dates of service) Funkhouser Co. Hagerstown 009-01-3769 P. Give unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Fracture Skull Instant IMMEDIATE CAUSE (a) e olong with fo a burial-tronsit DUE TO Conditions, if only, which Left Chest Crushed gove rise to immediate cause **DUE TO** (o), stating the underlying couse lest. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 03 PERFORMED? YES [NO FO 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Part 1) of item 18.1 3 should Junction of State R # 1.18 and 61 MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (County) (Stole) certificate, writing the ved to the Chief Medical AL DIRECTOR: Page 3 st factory, street, office bldg., etc.) While 19 60 of work of work R# 1.78 - 61 Ringgold 21. I certify that I took charge of the remains described obove, held an Autapsy . Inspection . Inquiry . and find that deoth resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause . DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL 5-31-60 EYAMINER'S DEPUTY MEDICAL EXAMINER A NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) removal (Specify) 0 Morrisville, Vermont 60 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Scott F. Minnich & Son, Hagerstown, Md PDATE JUN 2

arthur & Kraus

VS. A15ME(S) 5M 9/55



VR A15 (4) FSM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 6351

06253

1 PLACE OF DEATH 0. COUNTY	Washingto	n	MARYLAND	o. STATE	DENCE (WI		Llived, If institut b. COUNTY			
b. CITY OR TOWN RURAL and give r	(If autside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c CITY OR	TOWN (IF	outside carpoi	rate limits, write l	URAL and give	nearest tow	m)
Hancock			Life	X H	ancoc	k Mar	vland			
d NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	give street	oddress)	d. STREET					ON A	SIDENCE A FARM?
F	Tome		ı	Ma;	in St	Hanc	ock Ma	ryland	YES	NO D
3 NAME OF DECEASED	Fir	st	Middle	la	st	4. DATE	Mor	1th	Day	Year
(Type or print)	Lvd	lia	Lurena	Die	ck	DEATH	5		18	1960
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRT	TH		9 AGE (In years		EAR IF UND	DER 24 HRS
ਸ	W	WIDOW	ED T DIVORCED	7.11.18	373		lost birthday) 86 yrs.	Months Da	ys Hours	Min
10a. USUAL OCCUPATI	ON (Give kind af wark	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHP	LACE (State	or foreign co		12. CITIZEN	OF WHAT	COUNTRY?
	rking life, even if retired BOW116)	Housewife	Magk	a i merk	en Ge	untre	TT	S V	
13. FATHER'S NAME	301110		HOGBOILLO	14. MOTHER'S			MILITA		> + 4 + −	
Otho	Shives			Doz	othv	אר דו פוריים	power			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO 17. IP	JFORMANT	V	1, 10,1611	Add	Iress		
(Yes, no, or unknown) NO	(If yes, give wor or dates of a	ervice]	18-30-9136 W	illiam	RMO	unker	Hanco	പ്പ ചെ		
	ATH [Enter only one co	use per li		LILLAM	A AC	MIKEL	HALICO		INTERVAL 8	FTWEEN
	ATH WAS CAUSED BY:	- /	1.	hea	+	T. 1			ONSET AND	D DEATH
113	IMMEDIATE CAUSE (o)	PONGESTIVE	1/24	1-1	Tal	HYE		5 m	<u>c</u>
1 7 7 (DUE TO	0	10.1	1 . 1	\	1	4		-	
Canditians, if		MA	TENIOSCIENO	tic he	-4 D3	2 0	112 Zac	٤	30	<u> </u>
gave rise to cause (a), stating			1 . 1	1		1	~		2 0	V
lying couse last.		<u>, C</u>	21124911280	1 av	1437	oscie	40212		200	Ar.
PART II. OT	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE	CONDITION GI	VEN IN PART 10	o) 19. WAS	ORMED?
PART II. OT									YES [
20a. ACCIDENT W	AS UNDERLYING A GAUSE OF DEATH Y MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture	of injury in	Part I or Part	II of item 18.)			
Y 20c TIME OF INJU	RY Month, Day, Ye	ar 20d I		ACE OF INJURY			or tawn)	(Cau	nty)	(State)
Hour a m. p. m.	10	While at wor	IAOI AUITE I	clary, street, affic	te bldg., etc)				
				Dark -		<	41 2 2		3	
	- 1 ·	l) altend	ded the deceased fram		2.	27, to_	7-54-0		? that (1)	
	ased alive an 🕰	SAIT	2 Y 1960, and that c	leath accurre	ed at//_6	≱M, fram	the causes a	nd an the d		
220 SIGNATURE	2-1-	- 20	5 1	ATTENDIN	ia . u	ED	STAFF		1 /2	26 DATE SIGNED
I work f	Thomas Ill	- / 1	· O.	M.D PHYS	D)	ED.	PHYS 🗆	5/	20/6	9
22c PHYSICIAN'S NAME (Type)	. —			22d APDI	RESS	L	4.1	/	/	
Fran	k B. 1	hom	as Ill Ma.	Ha	M CO	c/	Md.			
23a BUR AL, CREMATI	ON, 236 DATE THEREC)F	23c NAME OF CEMETERY O	PCKKAKORK		23d. LOCAT	TON (City, town	ar county)	(Sto	ote)
REMOVAL (Specific Buria)	5-21-6	0	St Thomas E	piscop	al .	Hance	ock Was	hinete	on Md	
24 FUNERAL DIRECTO	R'S SIGNATURE	32	ADDRESS	- Proces	25g REC	D BY REGIST	RAR 2Sb REG	STRAR'S SIGN	AT JRE.	•
Ma. m.	0 Q-21.	. 0	24	'von	DATE	# 24 E	0 0	Almin X. To	A PARTIE A	
ATTIME	A XX	4	NELLEGELL	1 Boule	DATE	n.				

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6284 **CERTIFICATE OF DEATH** Rea. Dist. No. with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY Washington be filed Washington MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Md. should (Rural) Sharpsburg d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE OR INSTITUTION ON A FARM? Rural Sharpsburg Washington County Hospital YES NO NAME OF Middle 4. DATE Month Doy Year DECEASED OF DEATH Sheridan May 1960 (Type or print) Drenner Thomas 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years 5. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Min. April 21 1874 Hours White Male WIDOWED TX DIVORCED | 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Near Sharpsburg Md. Farmer Farm U.S.A carban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Silas Henry Drenner Mary Domer haurs remave 17. INFORMANT Records-15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Boonsboro Md. Fahrney Memorial Home 2 No None attending RED INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line fof (o), (b), and (c).] ä PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) **DUE TO** any Conditions, if any, which gove rise to immediate **DUE TO** cattle (o), stating the underlying couse lost. CATION PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES INO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. 1960 TRACK! 21. I certify that I attended the deceosed from. 19 6 5 that I last saw the deceased to burial, detached alive on_ and that death occurred at___ M, from the couses and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, state ACTUAL SIGNATURE plana PHYSICIAN'S NAME (Type) 22a BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) abod Buff 1945 (Specify) Mt. May View Cemetery 16-60 Sharpsburg Maryland 9 23. FUNERAL-DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Cithur S. Haus DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Page

death.



1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
1 1		CERTIFICATE OF DEATH Reg. Dist.	0.6255
Page 4	1.	PLACE OF DEATH O. COUNTY (LOS hind on MARYLAND . STATE G STATE G	perform admission)
offer death. the funeral should be f		b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give reported town) NAME DF HOSPITAL (If not in happital, give street address) OR INSTITUTION OR INSTITUTION	e. 15 RESIDENCE ON A FARM?
by nd 2	7	Jarlock Hursing Home S. Alison Si	YES NO A
filles 1 o	L	NAME OF DECEASED (Type or print) MARY L. DUR ham DEATH MAY 4	Day Year 19 <i>6</i> 0
ed with		F WIDOWED DIVORCED 2/14/1867 93 yrs. Months Do	EAR IF UNDER 24 HRS rys Hours Min
executand com on paper death.		a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZE during group of working life, even if refired! HOME MINEVILLE, N. 4.	S A
ician are be carbo	13.	Teo. E. Stimpson Mary Locken	
ng physici e remove 72 haurs	IS.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 (INFORMANT WITH PARTY HOLDS) Address Harring 11. No. of Addres	reencial
death ce		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
of the of Then p		PART 1. DEATH WAS CAUSED BY. Arteriosclerotic Heart Disease DUE TO	5 Years
tuires the		Canditions, if any, which gove rise to immediate couse (a), stating the under-	
sicion, seen si ronsit I, ond	z	lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	a) 10 WAS AUTOPSY
ng physing physical particular remayal.	CERTIFICATIO		PERFORMED? YES NO
tending ficole the bu			
PHYSIC ol ar at his cert use as	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a. m. P. m. 19 Ot work Ot w	nly] (Stote)
ING ospite ther there all, cru		21. I certify that I attended the deceased from 7-2-60, 19, 10-3-4-, 1960, that I las	t saw the deceased
TENDII		alive an	
OR All		SIGNATURE M.D. STEET STEET STEET	
OSRITAL ON NEW 3 should registron		PHYSICIAN'S NAME (Type) ITO E W. FICT U.	
포호포호호	2	PERMOVAL (Specify) 5/6/60 CIRCHMOUNT CIE. Bato, Md.	(State)
VS A15 (4)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATELLAY Q 160 CILLING & H	
15M 10/57		(Fq.	



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	PLACE OF DEATH 3. COUNTY	We all I was	ton	MARYLAND	11 0	STATE		ere deceased liv	ed. If institution	on: Residence	before ad	lmission)
H	CITY OF TOWN /	Washing		c. LENGTH OF STAY IN 16			artili	and utside corporate	limite write D	Washi		
	RURAL and give nearest lown)				and the same of th				_		1041()	
		COCK Md.	ive street o	55 Yrs.		d. STREET A		2 Hanc	OCK WE	ryrar		RESIDENCE
	OR INSTITUTION		146 311661 6	1001 635)	- 11 /	_	_	77	. 1 16.5		0	N A FARM?
		Home				rur		Hanco			_	2 00 NO
	NAME OF DECEASED (Type or print)	Fin Jo		Henry		Ed		4. DATE OF DEATH	Mon 5	th	12	19 60
\$ 5	SEX	6. COLOR OR RACE	7 MARRI	ED NEVER MARRIED	8. DA	TE OF BIRTH	1	9.	AGE (In years ost birthday)			NDER 24 HRS
	M	W	WIDOWE	D DIVORCED	9.8	8.188	3		76 yrs.	Months D	Days Ho	urs Min.
10a	. USUAL OCCUPATION	ON (Give kind of work of king life, even if retired)	lone 10b.	KIND OF BUSINESS OR IN	OUSTRY	11 BIRTHPL	ACE (State	or foreign count	ry)	12.CITIZI	EN OF WH	AT COUNTRY?
	Labor	king lire, even it retired)		rchard		Fran	klin	Count	g Penr	na. I	J.S.A	A .
13.	FATHER'S NAME				14	MOTHER'S						
	John	H Eddy		•		Ma	rv	Corble	t			
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	, INFORI		a/		Add	ress		
(Ya:	NO NO	(If yes, give wor or dates of se		0-30-9065	Mrs	Lill	ian	M Eddy	Rural	L 2 H	ancod	ck Md.
		ATH [Enter only one co	use per lin	e for (a), (b), and (c),	0,		A				INTERVAL	L SETWEEN
	PART I. DEA	ATH WAS CAUSED BY- IMMEDIATE CAUSE (o))	ZM	M	m	on	a				
	A F X DUE TO A 18 MAD									hus.		
	Conditions, if any, which) (b) Lascus of a rung											
	gave rise to i couse (0), stating				-	-		1.1	-10			
	lying couse last.	(c)		arli	1 C	-0	D CK	240	WE			
Ö	PART IS OTI	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	TON TU	RELATED TO	THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART	1(o) 19 W	AS AUTOPSY REORMED?
FICATION												□ NO □
CERTIFI	20a ACC DENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED (En	nter nature of	f injury in F	Port I or Part II	of item 18.}			
MEDICAL	20c. TIME OF INJUS	tY Month, Day, Yea	or 20d. 1N	JURY OCCURRED 20e.	PLACE C	OF INJURY (I	Home, farm	20f. (Cily or	town)	(Co	ounty)	(Stote)
(ED)	Hour a.m.	19	While of work	Not while	Factory.	street, office	bldg., etc.		•	,	,	
at.					1	.11.4		60	11/1/11	18/10	7	
) attend	ed the deceased from	/	14.	. 19	7 to	Mark	194	,	l) (me) last
	saw the decea	sed olive an	471	and tho	death	acquired	of	M, from the	couses or	d on the	date sta	
	220. SIGNATORE	mahi	M	er	M.D.	ATTENDING	ME	RECTOR [HYS.			6/14/6
	22c. PHYSICIAN'S NAME (Type)	Har	ه	-ck. md		22d. ADDRE	55 M.	SHA	F- 100	R	M	
230	BURIAL, CREMATIC		F	23c. NAME OF CEMETERY	OR CR	EMATORY		23d LOCATION	N (City, town,	or county)		(State)
	REMOVAL (Specify) Burial	5.16.60		Park Head		neter	70			Kashir	ngtor	24.2
24	FUNERAL DIRECTOR			ADDRESS	_001	nes ger l'	0/	D BY REGISTRAF		STRAR'S SIGN		171 00
1	truxun	e Hellin	~ Q	thenese a	m	al .	DATE MA	Y 1 9 '60	a.	other S.	Krusa	
1		The state of the s	1	The state of the s			7.17	11 1 -		, ,,,		

O HOS IT I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20 than after death. Page 4 may be fined by the haspital or attending physician.

D FUNITY DIRECTOR: After this Bertificate as been signed by the attending physician and Bampietely filled (in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon-papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within/72 haurs after death. may b TO HOS

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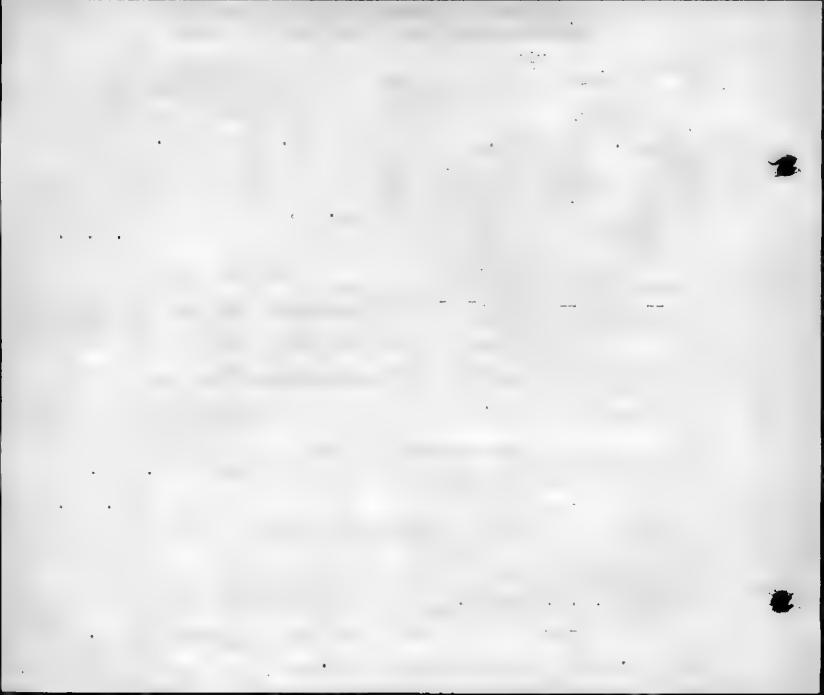
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6285 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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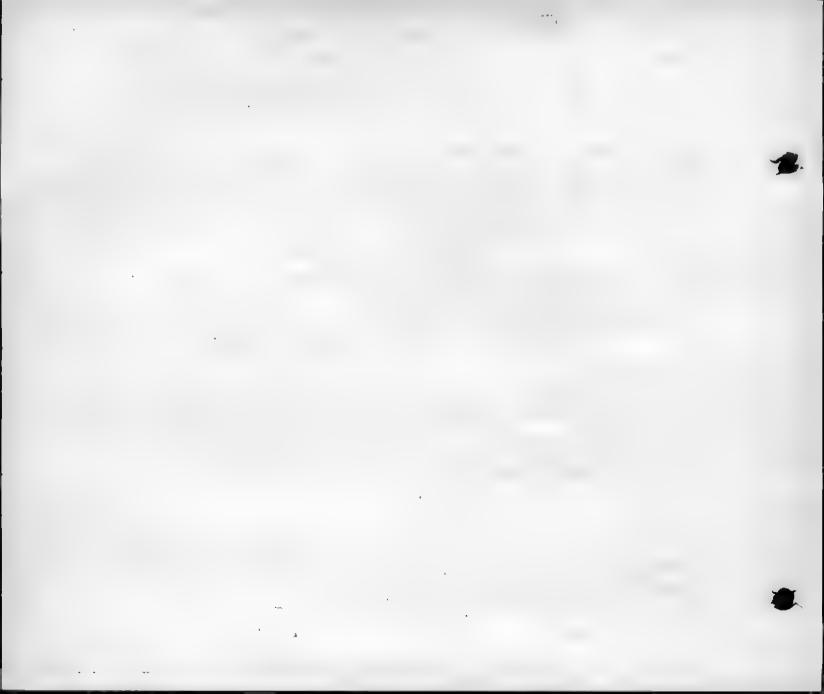
leg. Dist. No.

				Keg. Dist. No.
1. PLACE OF CEATH O. COUNTY Washington	MARYLAND		there deceased lived. If Instiguent	tution: Residence before odmission) TY Waskington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give peacest lown) Hagerstown	6 months		outside corporate limits, writ gerst own	e RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	ital, give street address)	/d. STREET ADDRESS 514 No	Mulberry St	ON A FARM? YES NO
3. NAME OF PICEASED (Type or print) Knute Fr	edrik Engs	trom	4. DATE MON MON DEATH MAY	th 21 1960
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED			9. AGE (In years lost birthday) 52. yrs.	IFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Fu				12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Fredrik Engstr		14. MOTHER'S MAIDEN N	ame tilda Str	id
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (You, no, or unknown) (If yes, give war or dates of service) 362	1 00 (011	omant s Virginia	Address Engstrom	Hegerstown M
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Subar: Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.		And Caverno	us Sinus	Instant
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. EXTERNAL CAUSE WAS PRIMARY ET OF CONTRIBUTING CAUSE OF DEATH.	HTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION G	VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES Z NO
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	How INJURY OCCURRED. (Enh	e going to a	partment on 2	nd. floor.
Hour Dom. 5-21- 1960 While of work	of work	y, street, office bidg., etc.) DMC	Hagerstown,	(County) (State) Wash. Md.
21. I certify that I tack charge of the redeath resulted fram: Natural causes			and the second s	
ACTUAL SIGNATURE A SEL Sule		M.D. CHIEF MEDICAL EX	AMINER	DATE SIGNED
EXAMINER'S NAME (Type) Dr. E. W. Ditto.		ASSISTANT MEDICAL E		5-23-60
Burial 5-26-60		Cemetery	22d. LOCATION (City, town, Hagers	town Md.
Scott F. Minnich & Son	Hagerstown	Md DATE	AAM O A SEA	ISTRAK'S SIGNATURE CITCHUM S. Krauk

VS. A15ME(5) 5M 9/55



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (16258
	6287 CERTIFICATE OF DEATH Reg. Dist. No.
Page 4	1. PLACE OF DEATHS O COUNTY O COUNTY MARYLAND 1. PLACE OF DEATHS O COUNTY D COUN
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	b. GIT's OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares flown)
ofter death	Hayerstown Okeencastle 19.
by the	a. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR AT OCK WYSING HOME 417 S. Carlisle ST VES NORTH
n 24 ha	3. NAME OF DECEASED (Type or print) E/12abeth B, EHER OF DEATH May 18 1960
rd within 2 pletely fill	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED 1//17/1898 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min Months Days Hours Min M
ond comp ond paper ir death.	100. USUALORCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 STRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 40 in 8 UINCY TUP, 7a. 12. CITIZEN OF WHAT COUNTRY USE OF WILLIAM OF WILLI
of said	13 FATHER'S NAME HESS 210 NAME SUMMERS
ng physical remove 72 haurs	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (10 no for popular popular) (11 yes, and mor or doing of service)
leoth lendi sleas ithin	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] [INTERVAL SETWEEN ONSET AND DEATH
The of the phen part w	IMMEDIATE CAUSE (0) refeltrating of coma left temporal lobe if no
that by II it. T	Conditions, if ony, which)
uires the	gave rise to immediate couse (a), stating the under-
ion. ion. insit and	lying couse lost. (c)
physic physic ias ber ial-tro ravol,	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO E
IAN: T	YES NO POR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al or off his certi use os emotion,	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 Not while of work o
ING Spile d for il, cre	21. I certify that I attended the deceased from Sile , 1960 to May 18 , 1960 that I last sow the decease
he he he loche buric	alive an
OR ATI	ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, stote) DATE SIGNE M.D. ACTUAL ADDRESS (Street, city or town, stote) DATE SIGNE DATE SIGNE ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, stote)
should stror p	PHYSICIAN'S David TR Hess M.D
Mos by Property Page 3 sthe regis	220 BURYA, OREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d ACCATION (Crix, Iown, or county) (Stole) 1
5 5	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4) 15M 10/57	are May 20'60 Circles & Roman
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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

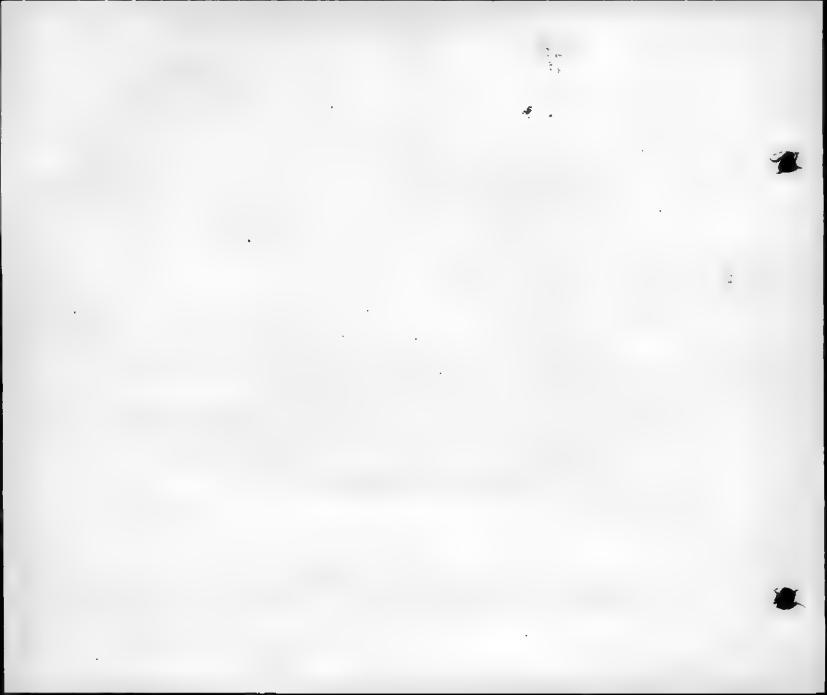
CERTIFICATE OF DEATH

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-		52XX CEXTITIO	TIE OI DECITI
MI	1.	PLACE OF DEATH q. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
7111	1	WASHIAWTEN MARYLAND	MAIZULAND b. COUNTY WASHINGTON
2		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
AR		RURAL and give nearest town)	X MT LENA
十つり		d. NAME OF HOSPITAL (If not in hospital, give street address)	/d. STREET ADDRESS IS RESIDENCE
2 1		OR INSTITUTION	BANAISTANIAN MOIRIZ. ON A FARM?
2	3	NAME OF First Middle	THURSDUKE THE TO THE
_		DECEASED	OF
de d		(Type or print) (A Z E N C = E D C A 2 SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO	FIUL. () F. R.) //(A () - /- /- /- /- /- /- /-
D	٥.	THE REPORT OF THE PARTY OF THE	lost birthdoy) Manths Days Haurs Min.
-	10	MALE WHITE WIDOWED DIVORCED	NOV-10,1908 SI m. 6 7
<u>د</u> 2	100	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
P 2	L	LABORER FARM	MT. LENA WASH, CO.MD. 4.S.A.
1	13,	, FATHER'S NAME	14 MOTHER'S MAIDEN NAME
()	l	BENGAMIN ESTAULDERS	LEAH STINE
₹ * /			INFORMANT Address
ě Č	'		UBERT L. FAILDERS SOOMSBORD MDR
, u		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
9		PART I. DEATH WAS CAUSED BY Ventricular f	brillation DEATH minutes
2		A IMMEDIATE CAUSE (6)	art failure due to months
<u>-</u>	1		tic heart disease indefinite
0		gove rise to immediate	ic heart orsease indefinite
Ę	1	couse (a), storing the under-	
ō	z	, ()	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
TO TO	CATION	The design of the control of the con	PERFORMEDA
É	5		YES NO ES
Ç	CERTIFI	20a. ACCIDENT WAS UNDERLYING OR DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LEG. (Ellier hotore of impry in roll for roll in or work 194)
Ę.			PLACE OF INITIAL STATE
2	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Haur o. m. While Not white.	PLACE OF INJURY (Home, farm, , 20f (City or tawn) (County) (State factory, street, office btdg , etc.)
<u> </u>	ME	p. m. 19 at wark ot work	and
Prid		21 1 certify that (1) (this hospital) attended the deceased from	1957, ta 1919, that (I) (we) las
£		saw the deceased alive an	depth accurred at S. M. from the causes and on the date stated above
2		22o. SIGNATURE	22b DATE
-		Gunt J. Gadle	M.D. PHYS DIRECTOR PHYS 5
p v		22c PHYSICIAN'S NAME (Type) Delocate Fill Manual Manual Transfer of the Party of th	22d. ADDRESS
00		Robert F. Keadle, M. D.	318 N. Potomac St., Hagerstown, Md.
Side Board at Realth prior to burn	230	BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
ν 2		BURIAL MAY 19-1960 MT. LENA	CIMETERY MT.LENA WASH CO. NID.
=	24	FUNERAL DIRECTOR'S SIGNATURE , () ADDRESS	25d REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
		John H. 1 Bast BOONSBORO.	MD DATE MAY 20'60 Criting & Hinns
1 63			That and a second of the second

the attending physician and campletely filled (n by the funeral director. Then please remaye carbon papers. Pages 1 and 2 should be filed with may the bined by the hospital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filted page 3 should be detached far use as the burial-transit permit. Then please remaye corban pages 1 pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, withing 72 haurs after death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 TO HOS VR A15 (4) 15M 9/59



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	CE	RTIFICA	TE OF	DEATI

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(Stote)

1. PLACE OF DEATH o. COUNTY										
	Washington .	MARYLAND	2 USUAL RESIDENCE (Who STATE Mary)	land b COUNTY	Was hington					
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, wrinearest town) 5 town	c. LENGTH OF STAY IN 16	12	utside carporate limits, write f	RURAL and give nearest town)					
OR INSTITUTION	PITAL (If not in haspital, give stoon County Hosp		d. STREET ADDRESS	ncoln Ave.	e. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print)	MAR GARET	VIRGINIA	GA USE	4. DATE MOI OF DEATH MAY	18 1960					
Female	Talliant Lan	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH June 10, 1906	9. AGE (in years last birthday) 53 yrs	Months Doys Hours Min.					
Housewife	FION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR INDU	Funkstown	, Maryland	12. CITIZEN OF WHAT COUNTR					
13. FATHER'S NAME	bert G. Smmki	South	14. MOTHER'S MAIDEN N	ence Stouffer						
	/ER IN U. S ARMED FORCES? (If yes, give wor or dates of service)	16 SOCIAL SECURITY NO. 17 IP	obert T. Gause		Maryland					
Conditions, if gove rise to couse (o), statin lying cause los	g the <u>under-</u> DUE TO	O. Topa Teath	I NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?					
YES NO CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]										
OR CONTRIBUTION	IG 🖺 CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in P	Part I or Part II of Item 18.)						
200. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIL) 200. TIME OF INJE Haur a. m p. m	IG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Year 20	d INJURY OCCURRED 20e PL	D. (Enter noture of injury in P ACE OF INJURY (Home, farm ctory, street, office bldg., etc	20f. (City or town)						
20c TIME OF INJE Haur a.m p. m	JRY Month, Day, Year 20 W of mat (I) (this haspital) attassed alive an 2 / 0	ended the deceased fram.	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	20f. (City or town) (L. ta 5 - / d) M, fram the causes at	YES NO					

Hagerstown, Md.

DATE

erol director, be filed with ars ofter death. Page 4 in by the funeral may the prined by the haspital or attending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 bodys after death. THENDING PHYSICIAN: The low requires that the death certificate be executed within 2 TO FUNER TO HOS

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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urs after death

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within &

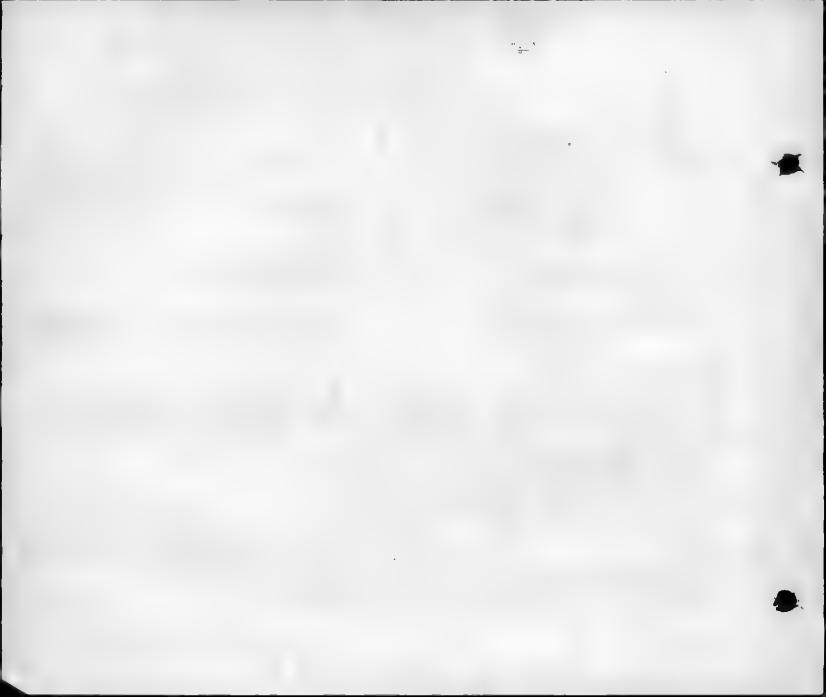
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hington		MARYL		a. STATE		ere deceased		Υ		
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PITAL (If not in hospital, g			1	d. STREET ADDI	RESS		et			IS RESIDENCE ON A FARM? YES NO
Fie	rst	Middle	CIT	Last		4. DATE OF			Day	Year
6. COLOR OR RACE	7 MARRIE	NEVER MARRIED	B. D			DEATH	9 AGE (In year	IF UNDE	_	19 60 FUNDER 24 HRS Haurs Min.
				May 31						1
TION (Give kind at work varking life, even if retired	done 10b. Kii i)	None		Mary.	land		ountry)	12.CII	U S	
			- 1	4. MOTHER'S MA	VIDEN N	AME				
- 11 - 14			1.7 101501	JOYCE	M_	Me M		Adama		
If yes, give wor or dates of s	(CES7 16, SC	CIAL SECURITY NO.	IZ, INFOI	(MANII			Ac	acress		
		NONE		oseph L	Ger	vasio	Hat	ersto		
DEATH WAS CAUSED BY:	B 7	etateral	Con	telect	lasa	ano	malie	L -	ONSE	AND DEATH
immediate DUE TO	(B	luci re	CRU	K ROOT						
OTHER SIGNIFICANT CON	IDITIONS <u>CO</u>	NTRIBUTING TO DEA	TH BUT NO	7 RELAYED TO TH	ETERMI	NAL DISEASI	E CONDITION G	SIVEN IN PA		WAS ALTOPSY PERFORMSE? (ES NO []
NG CAUSE OF DEATH	20b DESCR	IBE HOW INJURY OC	CURRED. (E	inter nature of in	jury in P	ort I or Port	I I of sem 18.)			
т.	While	Not while					or town)		(County)	(Stote)
No. of		-		, , , , ,						
enl w.	Dil	40 111		ATTENDING _		:D	STAFF PHYS.			226 DATE 6/3/60
Ditto 3rd				22d. ADDRESS 217 W	est	Wash	ningtor	n Str	eet	
•)	OF	23c NAME OF CEME		217 W	est	23d LOCAT	TION (City Town	n, or county)		(State)
Ditto 3rd T.ON, 23b. DATE THERE		Rose Hil		217 W		23d LOCAT	TION (City fown gerstown	n, or county)	land	
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ン		ACE OF DEATH COUNTY WASHINGT	ON		MARYLAND	2. USUAL RES	Maryl		lived If institution b. COUNTY	Washine		ion)
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-1	,	OR INSTITUTION	AL (If not in hospital, g			d. STREET	ADDRESS					IDENCE FARM?
	3. I	IAME OF PECEASED Type or print)	Fin	it .	Middle	Griffit	ost 1	4. DATE OF DEATH	Mon Ma.		20	Yeor 19 60
	5. \$	_{EX} Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED		тн 30, 19	60	P. AGE (In years lost birthday) yrs	Months Day	_	R 24 HRS
	10a	USUAL OCCUPATIO	DN (Give kind of work cling life, even if refired)	fone 10b.	KIND OF BUSINESS OR INC		•	or foreign con	**	12. CITIZEN	OF WHAT	COUNTRY?
		LLOVG SVL	ester Grif	fith		14. MOTHER		d Eva i	Martin			
	15.		R IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Addr	ress		
			TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ty, which ommediate the under-	, 5	ne for (o). (b), and (c).]	ily_				100	NSET AND	TWEEN DEATH
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			S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCUR							
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			Louis G. Gr				rersto	wn, Md.	,		/	/
	C	removal (Specify) remation	N, 22b. DATE THEREO	0	Wash. Co. H			Hage	on (city, town, o	Md.	(Stot	•)
	23,	FUNERAL DIRECTOR	S SIGNATURE)	ADDRESS		24a. REC	D BY REGISTR		strar's signat Inilum 2. 1		
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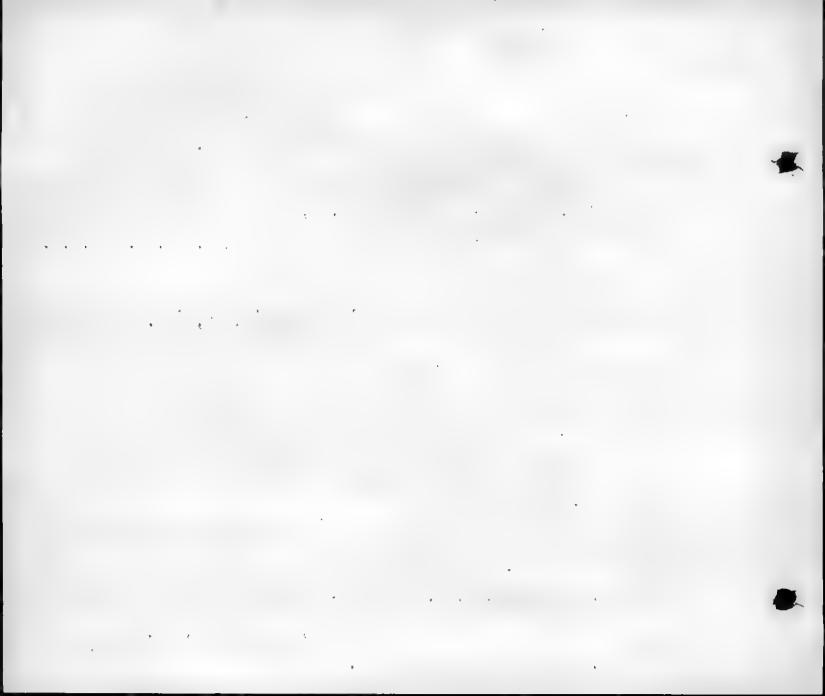


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH cana

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- 1-			-									-
	o. COUNTY	ington	Fall	MARYLA		USUAL RESIDENCE			d. If instituti b. COUNTY	on: Residence	before or	dmission)
ŀ	b. CITY OR TOWN (ington If outside corporate limits	, write c.	LENGTH OF STAY IN	1 lb	c. CITY OR TOWN			limits, write R	URAL ond giv	re nearest	town)
١	RURAL and give in	rstown		1ayrs		Balti	mor	e. 29			310	1.4
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, giv	e street odd	ress)		d. STREET ADDRE						RESIDENCE ON A FARM?
		in Manor I	lome			808 W	aln	ut Av	9.			S 🗍 NO 📑
	NAME OF DECEASED	First		Middle		Last	4	. DATE OF	Man	th	Day	Year
	(Type or print)	Cora		lizabeth		Gruber		DEATH	May		3	19 60
	5 SEX	6. COLOR OR RACE	7. MARRIED	_		ATE OF BIRTH		9 A	GE (in years ist birthday)		_	JNDER 24 HRS.
	Female	TELL LO	WIDOWED				187		35 yrs.	1		
	during most of wor	ON (Give kind af work da king life, even if retired)	ne 10b KIN	ID OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State or	foreign countr	γl	12. CITIZE	N OF WH	IAT COUNTRY?
	Housew	rife	0	wn Home	1.	Hagers	tow	n, Wasi	h.Cty	Md.	U.	S. A.
	3. FATHER'S NAME				[1	4. MOTHER'S MAIE						
4	A WAS DESERTED EN	Joseph Ga:		-141 CCC11017V NO	17. INFOR	Mar	tha	Doup	Add			
rl		(If yes, give wor or dates of sen		LIAL SECURITY NO.			77	a				
}	/ no				Rev							
		ATH [Enter only one cous ATH WAS CAUSED BY:	se per line to	or (o), (b), and (c).]	/.	Dalt	11110	re, 2	M M	1.		AL BETWEEN AND DEATH
	220	IMMEDIATE CAUSE (o)_	ge	irlich (11/6	no ock	Reas	1.4	018	4		
	222	DUE TO	0.	0.0	10	u Basis					2-	3 m
ı	Conditions, if a	immediate (Cle	acar y	That	er brown	-					<u> </u>
1	touse (o), stating lying couse lost.											
ı			ITIONS CON	ITRIBUTING TO DEAT	H BUT NO	T RELATED TO THE	TERMINA	L DISEASE CO	NDITION GIV	EN IN PART	I(o) 19. V	VAS AUTOPSY
	PART II OT	pyena		2 Deald							P	ERFORMED? S NO 🔀
- 1	OR CONTRIBUTING	AS UNDERLYING 2 G CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIB	BE HOW INJURY OCC	CURRED. (E	nter noture of injur	ry in Por	t I ar Port II c	f item 18.)			
	20c, TIME OF INJU	RY Month, Doy, Year 19	While _	RY OCCURRED 2 Not while of work		OF INJURY (Home, , street, office bldg		20f. (City or t	own)	(Co	unty)	(Stote)
	21. I certify the	at (I) (this haspital)	ottended	the deceased for	om_2	av 13	19.5	9.10 M	a. 3	1960	thot	(I) (we) lost
1		sed alive an_Ha		_ 19 Gs , and t			8 25		3			
ł	220 SIGNATURE	0,	2	7/		ATTENDING IX	MED.		TAFF		L	22b, DATE
1	22c PHYSICIAN'S	and w.		to 711,	M.D.	PHYS. X	DIREC	CTOR D P	HYS.		2	/4/00
	NAME (Type) Edward	W. Ditto	111.	M. D.			st 1	Washi	ngton	Stree	et	
	230. BURIAL, CREMATIC	ON, 23b. DATE THEREOF		3c. NAME OF CEMET	ERY OR CI			d. LOCATION				(State)
	REMOVAL (Specify	4/6/196		lose Hill	Car	eterv.	**	ersto		4		
1	24. FUNERAL DIRECTOR			ADDRESS	- GUI			Y REGISTRAR	25b, REGI	STRAR'S SIGN		
	Andrew	K. Coffma	n. Ha	geratown	. Md	DAT	EMAY	9 '60	Cn	thun S. F	(Anthia	

urs ofter death. Page 4 TO HOSP ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 1972 are death. Page 4 may be may be an about 10 FUNENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed mits, the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 VR A15 (4) 15M 9/59



VR A1S [4] 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
6293 CERTIFICATE OF DEATH

06264

1.	PLACE OF DEATH						SIDENCE (WI	nere deceased	lived. If instituti	on: Residence	before odm	ission)
	. COUNTY Wash	nington			MARYLAND	o. STATE	Maryl	and	b. COUNTY	Washi	ngto	n
	LITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH C	OF STAY IN 16	1. 3cm o	R TOWN (If	outside carpora	ate limits, write R	URAL and give	e nearest to	wn)
H	RURAL and give ned agerstown			60	yrs.	Hage	rstow	n				
	d. NAME OF HOSPITA		jive street o	address)	<u></u>		ADDRESS				e. IS R	ESIDENCE A FARME
	735 Wash	ngton Av	re.			735	Washi	ngton	Ave.		YES	
3.	NAME OF	Fir	st		Middle		Last	4. DATE OF	Mor		Day	Year
	(Type or print)	Susan		Ann		Harsh	l.	DEATH	May		4	1960
S	SEX	6. COLOR OR RACE	7 MARRI	ED NEVER	MARRIED [8. DATE OF BI	RTH	- 1	AGE (In years	Months De	FEAR IF UN	
F	emale	White	WIDOWE	X □ □	OVORCED	Feb. 2	7 187	7	83 yrs	2 2	6	2 (42)(1)
10c	USJAL OCCUPATIO	N (Give kind af working life, even if retired	1		INESS OR INDU	JSTRY 11. BIRTH	PLACE (State	or foreign coi	untry)			T COUNTRY?
	Housewi:		' H	lome		Cea	rfoss	Md.		U.S	. A	
13.	FATHER'S NAME					14. MOTHE	R'S MAIDEN	MAME				
	Will:	lam Harsh	1			Ma	ry Sp	rankl	е			
	WAS DECEASED EVER	IN J. S ARMED FOR		SOCIAL SECU	RITY NO. 17.	INFORMANT			08 Val	f"St.		
,	No			None	Mr	. Geor	ge Ha	rsh	Hagers	town M	id.	
	18. CAUSE OF DEAT	TH [Enter only one co	use per lin	e for (a), (b),	and (c).]	0					INTERVA.	SETWEEN
	PART I. DEAT	H WAS CAUSED BY-)	Con	onas	my 0	colu	sun			36	Ton
	7 30	DUE TO		Ch		/ , .		11	/			
	Canditians, if an	y, which)	1	ten	5	cleren		Tran	Si	seam	10	Ser
	gave rise to in	nmediate (/	
	cause (a), stating t lying cause last.	ne under-	:1:								/	
Z	PART II. OTH	ER SIGNIFICANT CON		ONTRIBUTING	G TO DEATH BU	T NOT RELATED	TO THE TERM	INAL DISEASE	CONDITION GI	VEN IN PART	(a) 19. WA	S AUTOPSY FORMED?
CATK												□ NO 2
CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING	s jinderlying [] [] cause of déath Medical examinér]	20b DESC	CRIBE HOW II	NJURY OCCURR	ED. (Enter natur	e of injury in	Part I or Part	Il of item 18)			
MEDICAL	20c TIME OF INJURY	Month, Day, Ye	ar 20d IN	NJURY OCCU		LACE OF INJUR			or town)	(Con	unty)	(State
E G	Hour o.m.	19	While of wark	Not whi	16	aciary, sireei, oi	nce blog., en					
-		t (I) (this haspita	I) attend	ad the dec	eased from	11-1	- 15	5-7 10 (5-24	1 1960	that (I)	(we) las
	saw the decease	. (2 -	23	161			red of RA	No. fram	the causes a	nd on the o		
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		W Zw	01	The	2	M D. PHYS.	ING W	IED.	STAFF PHYS.			SIGNED
	22c PHYSICIAN'S			1		22d. AD	DRESS	~ n	/	. /	R.	
	IVAME (Type)	3 EW	VI.	170	1 9	715	N W	shay	X-X	= FIL	Ma	prej
23	BURIAL, CREMATIO	N, 235 DATE THERE)F	23c NAME,	OF CEMETERY	OR CREMATORY	′	23d LOCAT	ION (City, town,	or county)	[5	tate)
B	REMOVAL (Specify)	May 26-	60	St.	Pauls	Cemet	erv	Near	Clears	pring	Md.	,
	FUNERAL DIRECTOR"	SIGNATURE	(57	ADDRES		n.	250 050	D BY REGIST		ISTRAR'S SIGN	IATURE	
1	Albert-	Xdeof	Wil	eller	report.	Med	DATE	Y 27 60	Con	Thung L. M.	and the	

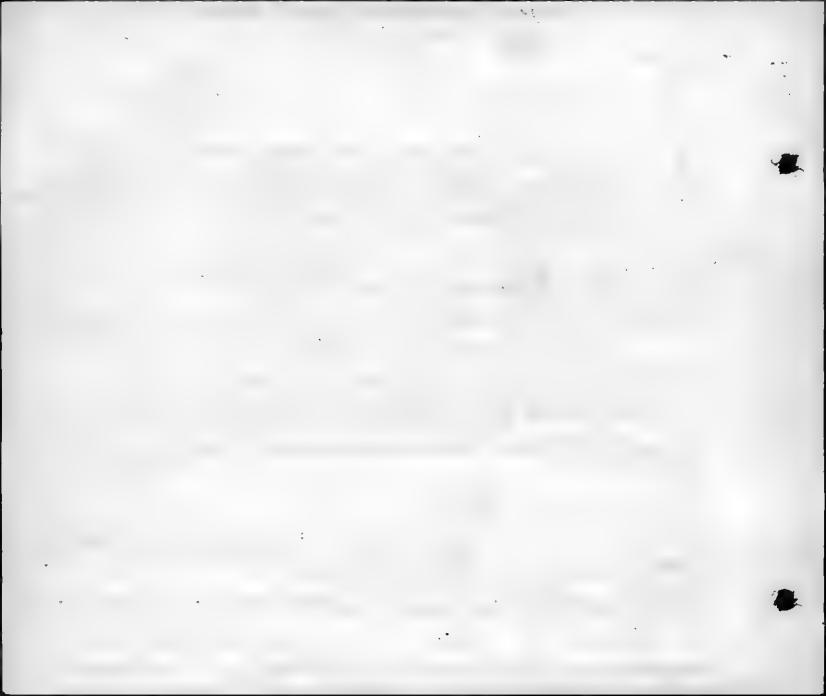


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Hagerstown R # 5 d. NAME OF ROSPITAL (If not in hospital, gives three loadiness): d. NAME OF ROSPITAL (If not in hospital, gives three loadiness): J. STREET ADDRESS D. STREET TADRESS D. STREET ADDRESS D. STREET TADRESS D. STREET ADDRESS D. STREET TADRESS D. STREET TADRE	ŀ		waryland washington
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220 SIGNATURE 7 220 DATE THEREOF 221 ADDRESS 221 ADDRESS 222 PHYSICIAN'S 122 ADDRESS 223 ADDRESS 224 ADDRESS 225 NAME OF CEMETERY OR CREMATORY 226 LOCATION (City, town, or county) (State) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 24d. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			.0.
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Burial 5/4/60 Rest Haven Cemetery Hagerstown Wash co Md. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE			OR CREMATORY 23d, LOCATION (City, town, or county) (State)
24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE			17
	1	Andrew K. Coffman Hagerstown Md.	0.00



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age cto	1.	PLACE OF DEATH a. COUNTY					2. USUAL RESI	DENCE (WI	iere decease	f lived. If instituti	an Residence	before ad	mission)
)[Washingt				RYLAND	M. M.	laryla		b. COUNTY			ngton
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7 53 /	-	Hagersto	wn -						cstown	1			
by the		or institution Washingt	At (If not in hospital, on County I	lospi	tal		d. STREET A		Side A	lve.		OI	RESIDENCE N A FARM?
fill ges 1 an		NAME OF DECEASED (Type or print)	Fi	ryl .	Midd	ie	Hicks	**	4. DATE OF DEATH	Mon May		Day 13	Yeor 19 60
Pag Pag	5.	SEX	6. COLOR OR RACE	7. MARR	IED 🔲 NEVER MARI	RIED 🔲	8 DATE OF BIRT	н		9. AGE (in years lost birthday)	IF UNDER 1		NDER 24 HRS.
D 프라/		Male	White	WIDOWE	DIVORC	ED 🗍	May 13	5, 196	60	yrs.	Months D	Oys Hey	Min.
and camp	100	during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU				ountry)	12. CITIZ	EN OF WI	IAT COUNTRY
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PHYSIC rol or of this curr ruse or ruse or	MEDICAL	20c. TIME OF INJUR Hour e. ft. p. m.	Y Month, Day, Ye		IJURY OCCURRED Not while at work	20e. Pl.	ACE OF INJURY (ctory, street, office	Home, farm e bldg., etc.	20f. (City	or town)	(Co	unty)	(State)
P P P P P P P P P P P P P P P P P P P		21. I certify th	at I attended the	decease	d from May	13	, 1960	, ta1	May 13	, 1960	that I la	st saw ti	ne decease
School School		alive on Maj		, 12_6	O, and the	ıt death	accurred at	4:16	AM, fran	the causes a	nd an the	date st	ated abav
PR ATTE ed by the IRECTOR		ACTUAL SIGNATURE	exold	H	and a		M.D			reel, city or lown,			DATE SIGNE
OSPITAL C		PHYSICIAN'S NAME (Type)	L. H. Gist.	MaD			11;	1 N. J	Potoma	c St. Ha	agerst	own.	Md.
SP S	220	BURIAL, CREMATIO	N, 226. DATE THEREC		22c. NAME OF CEA	METERY O				ION (City, town, o			tale)
D P O P O P O P O P O P O P O P O P O P		Cremation	5/18/60)	Wash. Co	. Но	spital			agerstow			
5 -5	23.	FUNERAL DIRECTOR	S SIGNATURE	0	ADDRESS	77		24a. REC'I	D BY REGIST		TRAR'S SIGN	ATURE	
VS A15 (4) 15M 9/55	///	YRIA'	1 X-Ville	7				DANEAY	24 '60	Cini	7 8 ths	44	
Mars 6/6	0	208	1313	XI	10								



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06267

JII-						
作	I. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased live	d. If institution: Residence b. COUNTY	e before admission)
	WAZHIN CTON	MARYLAND	MARVLA	NP	WASHING	TAN
	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate l	imits, write RURAL and g	ive nearest town)
	HAGIERSTOWN		X ADDIC	TOVVN -	RURAL	
۱ŀ	d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d STREET ADDRESS	10000		e. IS RESIDENCE
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				1	(IP) IV/	
١	DECEASED	Middle	Last	4. DATE OF	Month	Day Year
L	(Type or print) AMA		HINES	DEATH	MAY-14	1960
1	5. SEX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. A		Days Hours Min
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1	10a USJAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country	12 CITÍ2	EN OF WHAT COUNTRY?
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	Marian Divis	13 . 40. ~ -	1/2-11-		Danie	
ŀ	15, WAS DECEASED EVER IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IF	VFORMANT TATALE	FISTURE	DAVIS	
	(Yes, no, or unknown) (If yes, give way or dates of service)				()	
L	N6	NONE OC	HN HIHIND	<u> </u>	DEANSBOLZE	MAIR 2
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]	f			INTERVAL BETWEEN ONSET AND DEATH
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		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Port II o	item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f. (City or to	own) (C	ounty) (Stote)
	Hour o.m While	Idol while	ctory, street, office bldg., etc.	9	,	
	p. m. 19 of wor	k ot work	1	_i		
	21 I certify that (I) (this haspital) attend					.Q, that (I) (we) last
	saw the deceased alive an Way !	419_5 0, and that a	death accurred at 52	M, from the	causes and an the	date stated above.
	226 SIGNATURE					22b DATE
	J-Jees	ron.	M.D PHYS. ME	RECTOR P	IAFF 5/	16/60 SIGNED
	22c PHYSICIAN'S		22d. ADDRESS			
	NAME (Type) Joseph Secon	ndari, M. D.	21 N. M	ain St.	, Boonsbo	ro, Md.
=	230. BURIAL, CREMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY O				
1	REMOVAL (Specify)	1 (2)	O to a second to a	177	(City, town, or county)	(Stote)
-	BURIAL MAY 17-1960	1 DODNISBORD	CEMETERY	L Secresi		CONID.
1	24 FUNPRAL DIRECTOR'S SIGNATURE	ADDRESS	250 (REC')	D BY REGISTRAR	25b REGISTRAR'S SIG	SNATURE
	12 AM 12 150051 12	paorysizoro j	YILL DATE ME	Y 2 0 '60	011.8	K

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 12 burs after death. Page II may to make the hisbital or ottending physician.

O FUNEXAL DIRECTOR: After this certifical has III and signed by the attending pilysician and completely filled in by the formal director, page 3 should be detached for use as the burial-transit permit. Then please remark corbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 boars offer death.

DR SERONDA TO FUNEX VR A15 (4) 15M 9/59

TO HOSP

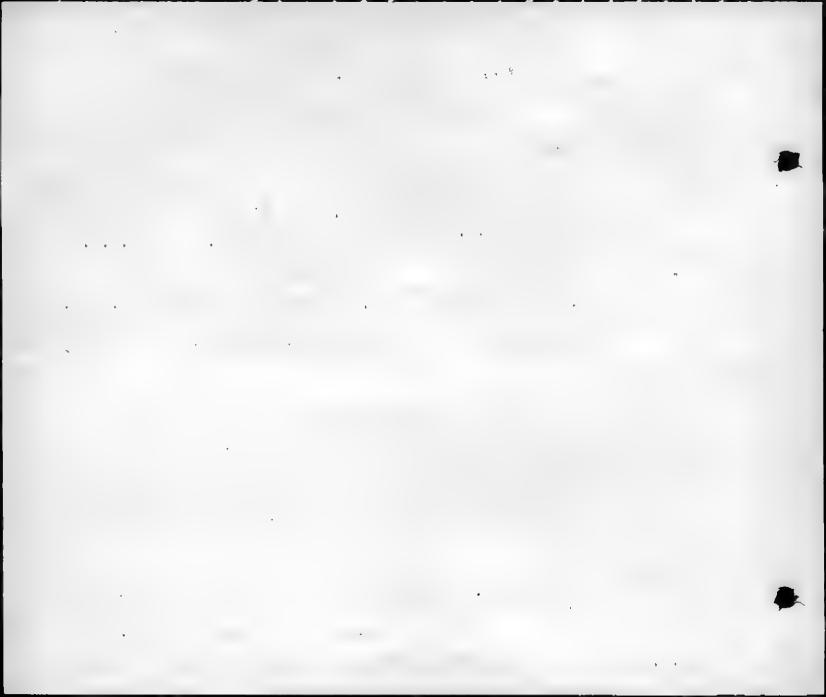


VR A15 [4] 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 6296 CERTIFICATE OF DEATH

06268

1. PLACE OF DEATH a. COUNTY	shington		MAR	YLAND	2. USUAL RESI o. STATE MELT	yland	ere deceased	lived. If instilu b. COUNT	,	e before ad	
b. city or town a RURAL ond give of Hagersto		s, write c	2 Years		c CITY OR	rown (If ou	Iside corpore	ote limits, write	RURAL and g	ive negrest	lown)
d. NAME OF HOSPI	TAL (If not in hospital, gi	ve street ado			d STREET	DDRESS	ge St	reet		0	RESIDENCE N A FARM?
NAME OF DECEASED (Type or print)	Noah	1	Arthur		ines		4. DATE OF DEATH	May	nth 1	Day 8	Year 19 60
s. sex Male	9777. I A	7. MARRIED	NEVER MARR	_	NOV. 2	H 19.188		72 yrs		Days Ho	NDER 24 HRS urs Min
Truck Di Tables NAME	ON (Give kind of work d rking life, even if retired)		ニッチャナナモ	ta ti	RY 11 BIRTHP	odsto	or foreign cou			S.A.	AT COUNTRY?
	ER IN U. S. ARMED FORCE		CIAL SECURITA NO.	_	No Formant Emma.	Hines			dress ge St	. Had	or Mri
Conditions, if a gave rise to couse (a), stating lying couse last.	immediate DUE TO	DITIONS <u>CO</u> P	NTRIBUTING TO DE	ATH BUT N	OT RELATED TO	> THE TERMIN	NAL DISEASE	CONDITION G	VEN IN PART	1(o) 19 W	'AS AUTOPSY'
PART II. OT 20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY (OCCURRED	(Enter nature o	of injury in P	art I ar Part	18 of item 18.)			□ NO 🖪
20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Yea	r 20d INJU While of work	RY OCCURRED Not while of wark		CE OF INJURY ory, street, offic			or town)	(C	ounty)	(State)
	at (1) (this hospital) used alive an 5	ottended /7	the deceased 19 60 , and	d that de		G ME	_	he couses o			1) (we) lost ted obove. 22b DAT6 SIGNED
23a BURIAL, CREMATIO		/e	NININGS	AETERY OR	CREMATORY	gero	Terrore.	Md.	ar county)		(Stote)
Burial (Specify	5-20-60		Rose Hi	11Ce	metery		Hage BY REGISTR	rstown	Md.	NATURE	
A.K. Cofi	_	Hager	etown 1	iaryl	and		y 23 '6		nthur 2.		



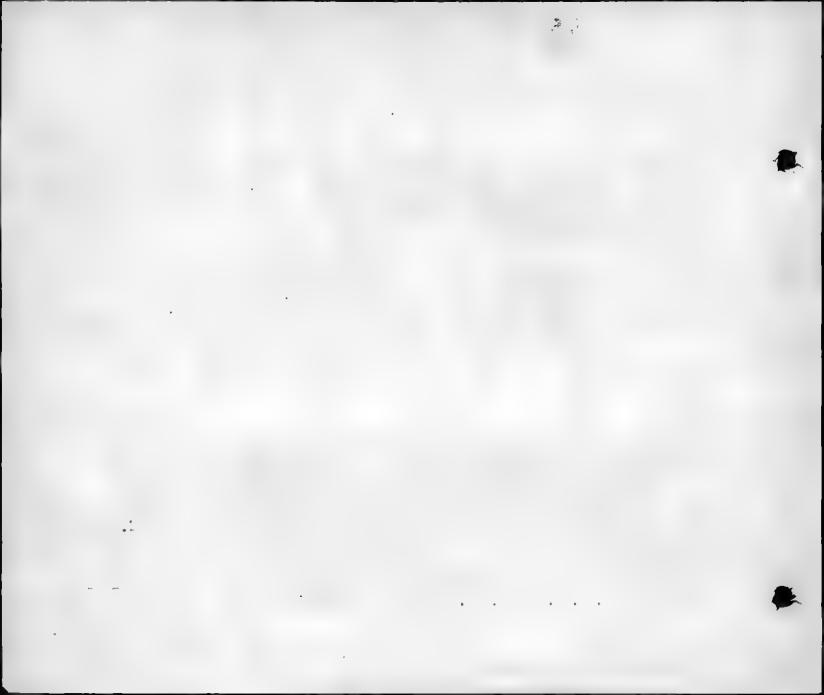
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DEFFITY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after deoth. If any of the necessary, please ex	setificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the func.	INV. To the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your file.	CINCOAL MICROSCHOOL Harmond on the formation of the control of the
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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6355 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(1626) Reg. Dist. No.

		MACE OF DEATH	SHINGTON	The second section of the second sec		MARYLAND	2. USUAL RE			ed lived. If institu b. COUNT	viion: Reside YWast			sion)
	ь	b. CITY OR TOWN III outside torporate limits, write RURAL c. LENGTH OF STAY IN 1b and give neorises town? Sandv Hook 24 Vrs.					c. CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest town) X Sandy Hook							
	<	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Residence			/ STREET ADDRESS / Main Street						IS RESIDENCE ON A FARM? YES NOXIX			
	-(3. NAME OF DECEASED (Type or print) BERTHA RO			OSANNA HO		FFMAN 4. DATE OF DEATH		OF	May 14,		19 00		
ļ	5. S	emale	White	7. MARRIE	-3.7		an. 27		382	9. AGE (In years lost birthday) 78 yrs.	tF UNDER Months			R 24 HRS. Min
	ď	Own Home Harpers Ferry, W.Va.						12. CITI	12. CITIZEN OF WHAT COUNTRY? USA					
	13.	3. FATHER'S NAME John Tyler Kilham Laura Virginia Dixon												
	15		ler Kilha		COCIAL SECTION	(NO 117 B								
/) Y	No. or unknown)	None	service)	None	RFI				rd H ðir 2, Md.	man			
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. (b) General Arteriosclerosis DUE TO Canditions to immediate couse (b) General Arteriosclerosis (c) stating the underlying cause last. (c)								interval between onset and death la hours				
4	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO NO												
	CERTIF	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH.												
	MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	f Month, Day, Yea	While	NJURY OCCURRE Not while ik of work	facto	E OF INJURY (I ry, street, office	nome, form bldg., w.	20f. (City	or town)	(Cou	inly)		(State)
			of I taak charge fram: Natural o				ide 🔲, H	amicide	AMINER	spection 🔀			and fi	ind that
			c. E. W. D:		Jr.		DEPUTY		AL EXAMINEI EXAMINER [5		5	5-14-	60	
	220	BURIAL CREMATION REMOVAL (Specify) Burial	5/10/00		name of c Harper					ion (city, town, ers Fer	**	Vest	(State)	
	23.	FUNERAL DIRECTOR'S	SIGNATURE	H	ADDRESS arpers	Ferry	,W.Va		1 7 '60	_	STRAK'S SIG			



VR A15 (4) 1SM 9/S9 08

6297

CERTIFICATE OF DEATH

1, PLACE OF DEATH o. COUNTY				D STATE	E (Where deceased live	L COUNTY .				
07 0001111	Washingto	M M	ARYLAND	G. STATE	Md.	b. COUNTY 1	Washing	ten		
RURAL and give no			c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
d NAME OF HOSPI	At (If not in haspital, giv		K.S	/ d STREET ADDRE	rstown SS		T	e. IS RESIDENCE		
OR INSTITUTION	o. Hospital	, ,			. Locust S	t.,		ON A FARM? YES NO		
3 NAME OF DECEASED	First	Mic	ddle	Last	4. DATE OF	Month	Da	y Yeor		
(Type or print)	James	Walter	He	ffman	DEATH	5	2	19 60		
S. SEX	6 COLOR OR RACE	MARRIED NEVER MA	RRIED	B. DATE OF BIRTH	9 /			IF UNDER 24 HRS		
male	white '	WIDOWED DIVO	RCED 🔲	May 19, 18	86	73 yrs	lonths Doys	Hours Min.		
10o. USUAL OCCUPATION during most of world	ON (Give kind of work do	ine 10b. KIND OF BUSINES	S OR INDU	STRY 11 BIRTHPLACE	(State or foreign counti	γ)	12 CITIZEN OF	WHAT COUNTRY		
painter- pa		own husi	acss	Warre	n Co. Ya.		USA			
13 FATHER'S NAME				14. MOTHER'S MAI	DEN NAME					
u u	nknown				unknewn					
15. WAS DECEASED EVE	R IN U. S ARMED FORCI	ES? 16. SOCIAL SECURITY	NO. 17. IF	FORMANT		Address				
N.B		none	Mrs	. Mary C.	Hansbrough	Hage	rstewn,	Md.		
		se per line for (o), (b), and	{c}.}				INTE	RVAL BETWEEN		
PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (o)_	aren	un				0143	ET AND DEATH		
610 X	DUE TO	<i>s</i>) -		2 1	. 1	. /				
Conditions, if a	Conditions, if any, which) (b) Blueger from take Hyper trophy									
gove rise to i	mmediote (
lying cause lost.	cause (a), storing the under-									
PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY									
CAT	Manaralized Ottemin clary									
PART II. OTH	20g ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW NJURY OCCURRED. (Enter nature of injury in Port I or Part It of Item 18)									
	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)									
Pm.	Haur o. m. While Not while of wark of wark of wark									
21. I certify the	21. I certify that (1) (this haspital) attended the deceased from Jan 1960 to May 2, 1960 that (1) (we) last									
' .	saw the declared alive an 5/2 19 (a), and that death accurred at 5 M, from the causes and an the date stated above									
220 5 GNAZURE	226 DATE									
ra	ultar	rum		M D. PHYS.		TAFF HYS		SIGNEE		
22c. PHYSICIAN'S NAME (Type)	•			22d. ADDRESS						
Titling (Type)										
	DN, 236 DATE THEREOF	23c NAME OF C	EMETERY O	R CREMATORY	23d. LOCATION	l (City, town, ar a	ounty)	(State)		
REMOVAL (Specify)		Charles	Evans	Crematery	Read	ling		Pa.		
24 FUNERAL DIRECTOR		ADDRESS			REC'D BY REGISTRAR	2Sb REGISTR	AR'S SIGNATU	RE		
Fred W. Kra	iss Hage	rstown, Md.		DAT	IE MAY 4 '61	C.	ilma S. Th	Alla		
						- '				

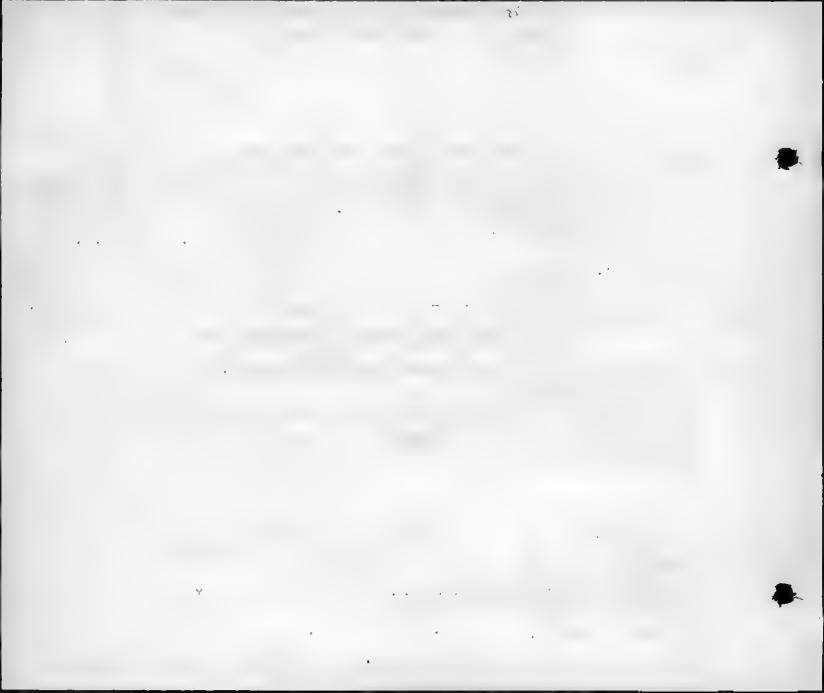


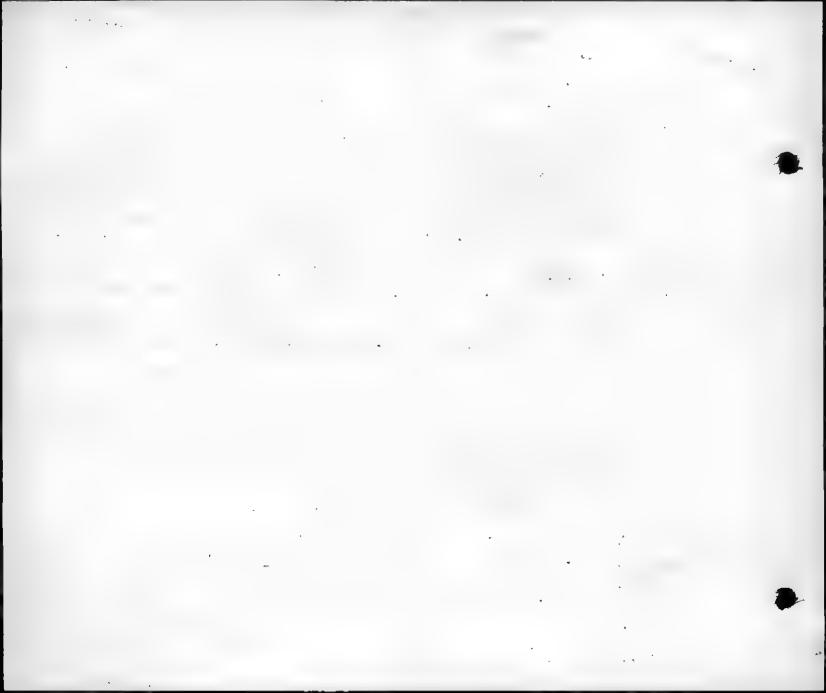
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

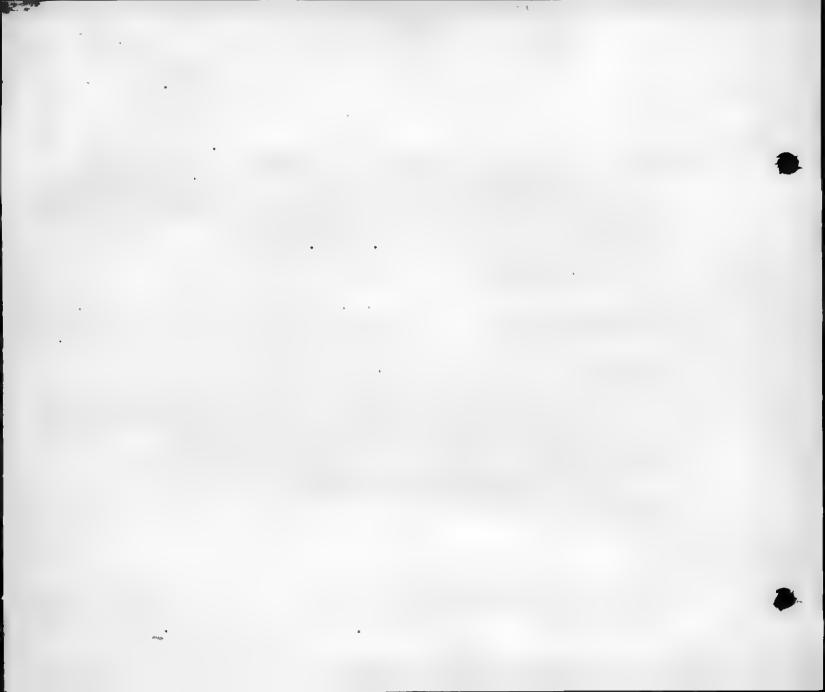
death. Page





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06274 6342 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND MARYLAND WASHING TON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) HYRS 3 MOW 엉 Ansexaneeระหรือเราะหรองการหนึ่งกรีริกรียะ BOOWS BOLD d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? FAHINEY REEDY MEM, HOME YES NO 12 3700 Campfield Rd. 3. NAME OF Middle 4. DATE Month Oav Year DECEASED SAMUEL DEATH (Type or print) HUNTER 2.5 19 6 0 MAY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years lost birthday) 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months max2 WIDOWED 13 DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Reti_red American Can Co. ofter FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no Mr. F. Earle Dance - 3700 Campfield Rd. #7 CAUSE OF DEATH [Enter only one couse per jing for (a), (b), and (c).] INTERVAL BETWEEN ONSET, AND DEATH PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** Canditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year 20f (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. While Not white at work of work 21. I certify that I attended the deceased from Mills .. 1960 that I last saw the deceased , and that death accurred at VIVOPM, from the causes and an the date stated above ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fawn, or county) (Stote) REMOVAL (Specify) Woodlawn, Md. Lorraine Maus Entombment /ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE MAY 2 7 '60 VS A15 (4) arthur S. Kraus 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
6357 CERTIFICATE OF DEATH

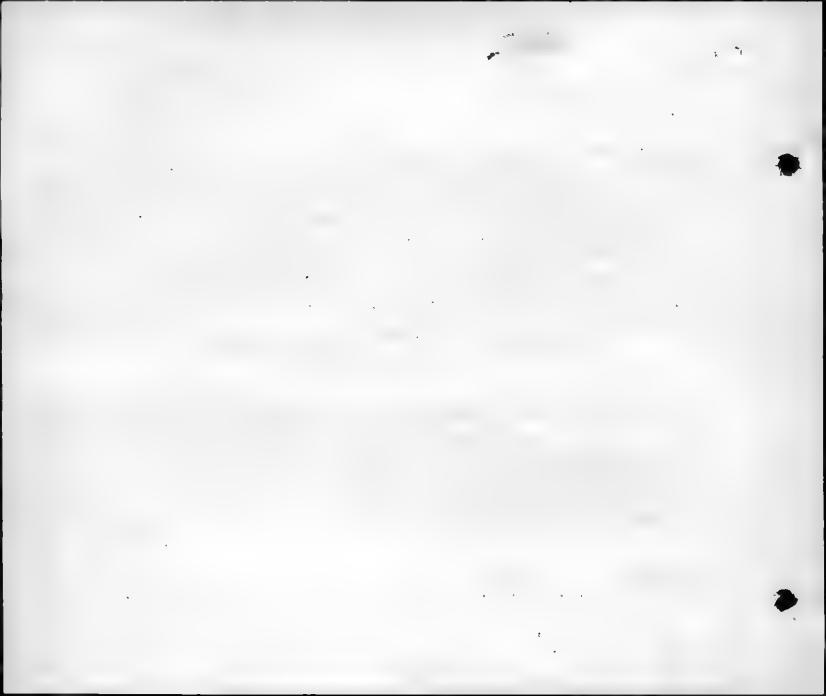
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		PLACE OF DEATH b. COUNTY	MARYLAND	2. USUAL RESIDENCE (W)	nere deceased lived. If institution:	Residence before admissi	ion)
	H,	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	MAKYLA		KIOLDNI	
	Ι΄	RURAL and give nearest town)		\	outside corporate limits, write RUR	At and give nearest fown	1
	_	d. NAME OF HOSPITAL (If not in hospital, give street of	LIFE	d. STREET ADDRESS	TOWN	e. IS RES	IDENCE
		OR INSTITUTION	W. 4	G. SIREET ADDRESS		ON A	FARM?
		TREDBRICK OF	•	*	T		NO 🖫
		NAME OF First DECEASED	Middle	Last	4. DATE Month		Yeor
	S. 5	(Type or print) T Z R A K	FLIFIC	FIMINGEIS	DEATH MAUA	UNDER I YEAR IF UNDE	19 60
	3. 3	Windki		B. DATE OF BIRTH	last birthdoy)	Months Days Hours	Mîn,
	10-	. USUAL OCCUPATION (Give kind of work done 10b. I		MAY 27-12	574 3.5 Mr.	11.04.	O LIN IZENIO
	100	during most of working life, even if retired)		IKT IT BIRTHPLACE (STORE		12 CITIZEN OF WHAT C	DUNIKTA
	12	MERCHANT O	WN STORE	14. MOTHER'S MAIDEN		NID USA	
	13.	Alianimi ICA	M. t. f.m. en.		,		
	10		OCIAL SECURITY NO. 17, IN	FORMANT	E ILEKNS Address		
. `	/A.	If yes, give wor or dates of service)	0				
	1		8-30-95581 KA	MY H. ISEMIA	ICEIL TUNISSI	LOWN WD.	
_	ľ	18. CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED BY: Ant.			7 7.	ONSET AND	DEATH
		IMMEDIATE CAUSE (6) AFT	erioscieroti	c Cardiova	scular Diseas	se 5 moi	nt hs
		TO DUE TO					
		Conditions, if ony, which (b)(b)	·				
		couse (o), stating the under-					
	7	lying couse lost. (c)					
	5	PART II. OTHER SIGNIFICANT CONDITIONS O		NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	PERFO	RME D7
	ξ.		ne.			YES [NO K
	CERT.FICATION	20a ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port II of Item IB.)		
	MEDICAL		- Inc	CE OF INJURY (Home, form lory, street, affice bldg., etc.	, 20f. (City or town)	(County)	(Stote)
	MEC	Hour o.m. While of work	(40) AUII9	lery, stract, entire ologi, etc	"		
É		21. I certify that (I) (this haspital) attended	ed the deceased from	Jan. 5, 19	30 to May 21,	1960, that (I) (we) last
		saw the deceased alive on Pay	0 1960 and that d		M, from the causes and		
		22o. SIGNATURE	1			225	DATE
		1100	Later 1	A.D PHYS TO DI	ED STAFF RECTOR PHYS	May 23,	ger,
		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
		R.A.Bell, M	.D.	Hager:	stown, Maryla	na.	
	2 3a	BURIAL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town or	county) (State	e)
		BURIAL MAY124,1960	TUNKSTOWN	CEMETERY	TUNKSTOWN W	ASH. Co. NID.	
	24.	FUNERAL DIRECTOR'S SIGNATURES	ADDRESS		D BY REGISTRAR 256 REGISTI	RAR'S SIGNATURE	
	1	THE UNDON 10	DONSBARA	VID DATELLA	/ 2 6 '60 C.T.	or S. Henrie	

TO HOSPIKAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 purs after death. Page 4 may be bined by the hospital ar attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

N OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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44	CERTIFICA	ATE	OF	DE	ATH

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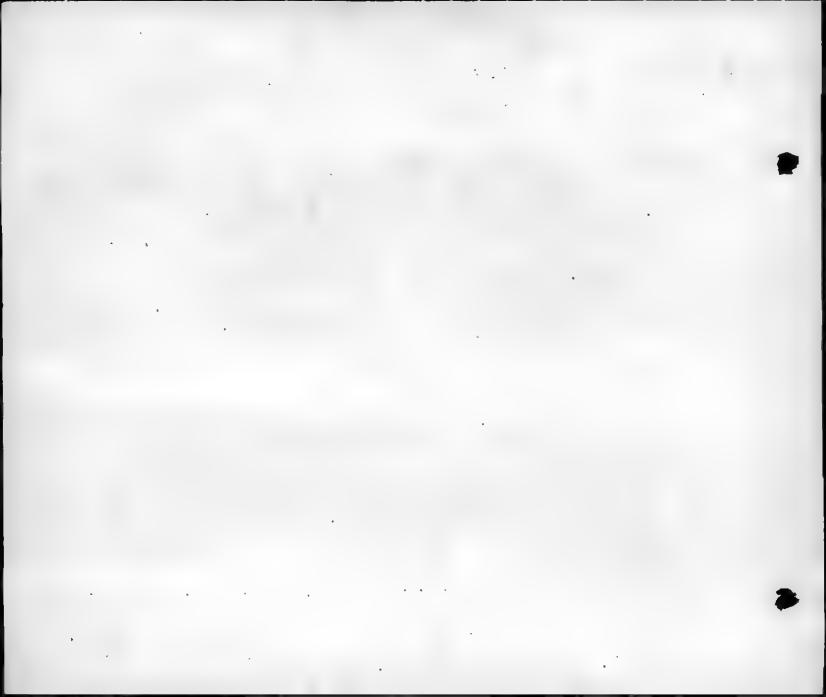
			14(A)					
e e	1 PLACE OF DEATH 0. COUNTY Wash	nington	MARYLAND	2. USUAL RESIDENCE O. STATE	CE (Where deceased lived	b COUNTY Wa	idence before adm shingto	ssion)
	b. CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If autside corporate l	mits, write RURAL o	and give nearest to	wn)
	Williams	Ulf not in haspital, give street	30 yrs.	d. STREET ADDR	alle		12 15 15	ESIDENCE
	OR INSTITUTION	ococheague S		14 S.		eague St	LON	A FARM?
	3. NAME OF DECEASED (Type or print)	Oscar	Middle C	Johnson	4. DATE OF DEATH	May	1.5	Year 19 60
		6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	10	GE (In years IF UN Mopt	DER I YEAR IF UN	DER 24 HRS
				Nov. 13	//	0 yrs 6	T	T C O I II 1 T O 100
	TOURING MOST OF WORKS	N (Give kind of work done 10b ng life, even if retired)	T.D. AT		(State or foreign country) [12]	CITIZEN OF WHA	(COUNTRY?
	Laborer	W1	<u>lliamsport</u>	West			U.S.A	
	13. FATHER'S NAME	. II T.1		14. MOTHER'S MA				
\		H. Johnson	COCIAL FEELINITY NO. 127 II	NFORMANT	osetta Gii			
	cocheag	ue St						
	Yes A	ug 5 1919 2.		s. ray	ohnson W1]	liamspo		
		H Enter only one cause per lin	ne for (a), (b), and (c).)		Value of	- 160	INTERVAY ONSET A	D DEATH
	11 23	IMMEDIATE CAUSE (0)	MCHOMITH	MAGC	1817-11	511		11
	1657	DUE TO						/ ' \
	Conditions, if an gove rise to im	mediote (D)					/	
	cause (a), stating the lying couse lost.							
		R SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH RUT	NOT PELATED TO THE	F TERMINAL DISEASE COL	VIDITION GIVEN IN	PART I(n) 19 WA	S AUTOPSY
)	PART II. OTHI		DOTAL TO DESCRIPTION OF THE POST	THO RECATED TO THE	F LEWISH AND DIGGING CO.		PER	FORMED?
	20g ACCIDENT WAS OR CONTRIBUTING	☐ CAUSE OF DEATH!	CRIBE HOW INJURY OCCURRE	D. (Enter noture of inj	ury in Port ! or Part II of	item 1B.)	1	
			THIN OCCUPATE TO THE	ACE OF INTERPATAL	- E 206 (Ct		15	(64-4-1
	20c TIME OF INJURY Haur o m. p. m	While	NJURY OCCURRED 20e PL Nat while k at work	ctory, street, office bid	e, farm, 20f (City or to	00	(County)	(Stote)
		(i) (this haspital) offend	7.	/ / /	19	15/60		(we) last
	saw the decease	ed aliver on 5 //U	and that o	death accurred a	M from the	causes and an	the date state	22b DATE
	120	W4130	111.00	M.D PHYS	MED ST	AFF Z	11/1	SIGNED
	22c PHYSICHAN'S NAME (Type)	UT: Go	ul y	22d. ADDRESS	DIRECTOR PH	iys []	116/	96)
		-//						
	23a BUR AL, CLEMATION REMOVAU (Specify)	May 18-60	23d NAME OF CEMETERY C			(City, lawn or caur	25-	tale)
	Burial		Greenlawn ADDRESS			25b REGISTRAR	S SIGNATURE	
	24 FUNERAL DIRECTOR'S	Tal.	Williamspor	Marie 1	REC'D BY REGISTRAR		S. Kinus	
	Lucia	- cer		DA	THAY 1 B '60	Lillian,	d. / CLAULA	



Andrew K. Coffman Hagerstown Md

rs after death.

VR A1S (4)



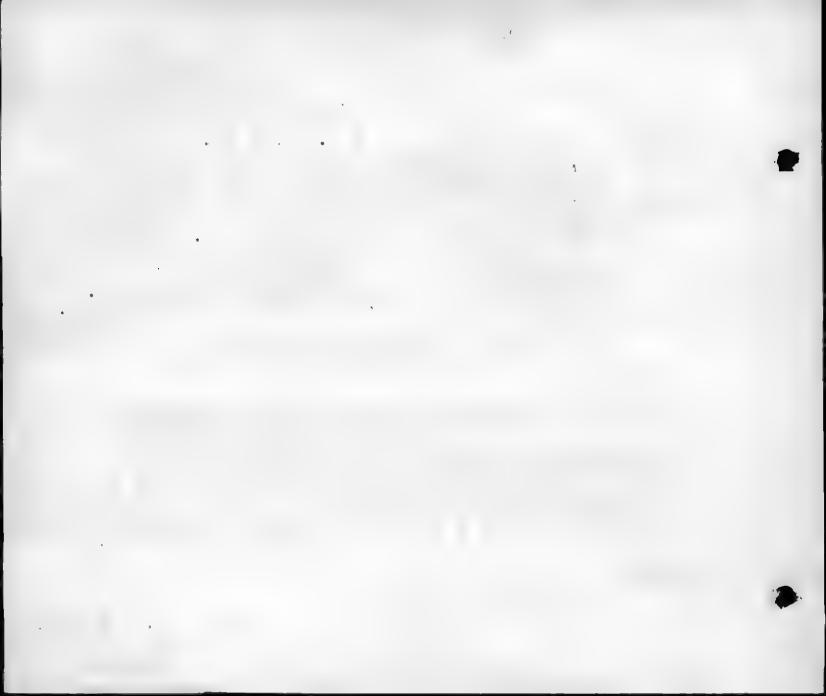
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										(, 0,				
	1. PLACE OF DEATH o. COUNTY					2. USUAL RES	IDENCE (Wh	ere deceased	Lived, If institution b. COUNTY	on Residen	ce before	e admissia	on)	
		hington			YLAND		Maryl	The Party Street, Stre		Wash				
	RURAL and give no	f outside corporate limi arest town)	its, write	LENGTH OF STATE		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport								
	Hagerstow	11 AL (If not in hospito), g	i i	2 days		/ d. STREET		org				IS RESII	DENICE	
	Washingto					11.	Fent	on Ar	te.			ON A	FARM?	
	3. NAME OF	ri Oouricy		<u> 보안되고</u> Middl		-	- OILO	4. DATE			-		eor Al	
	DECEASED (Type or print)	da		Pearl		Kell		OF DEATH	May		8	1	960	
	s. sex Pemale	White	7. MARRIE	D NEVER MARR	-	B. DATE OF BIR	™ 1893		9 AGE (In years lost birthdoy) 67 yrs.	Months	PEP'S	Hours	Min.	
	100. JSUAL OCCUPATION during most of worth Housew	N (Give kind of work ing life, even if retired	done 10b. KI	OME	OR INDUS	Near Near	Hope	or foreign co	Md.		ZEN OF	WHATCO	DUNTRY?	
	13. FATHER'S NAME	-				14. MOTHER		100		,				
	Jo	nas Hoffi	1a n			Baı	rbara	Elle	n Lower	У				
	YS. WAS DECEASED EVE	R IN U.S. ARMED FOR	ervice)	DOLAL SECURITY NO		IFORMANT			45 Feff	ton A	ve.	,		
,	NO	No	N	one	Mr	. Albe	rt Ke	lley	W1771ar	nspor				
		TH [Enter only one co TH WAS CAUSED BY	use per line	for (a), (b), and (c)).]	N. 1		_ /	Xa			RVAL BET ET AND I		
	1/201	420. I IMMEDIATE CAUSE (0) The Wife and I was a support of the sup												
	Conditions, if a		TI	Jak 1	20	AD.	L-1	7	000					
	gove rise to i	mmediate Dus To		TEL V	20-	1-1-1	4/	-le	L-GA-		-			
	tying couse lost.	The under-	1				- 1							
	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASI	CONDIT ON GIV	EN IN PAR	T 1(o) 19	WAS A	UTOPSY	
	CAT											YES 🔲	_	
	PART II. OTH	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DESCR	IBE HOW INJURY	OCCURRE	D. (Enter noture	of injury in F	Port I ar Port	II of item 1B.)					
	Y 20c TIME OF INJUR	Y Month, Doy, Ye		URY OCCURRED	20e. PL/	ACE OF INJURY	(Home, form	, 20f. (City	or town)	~ (C	County)		(Stote)	
	Hour o.m.	19	While of work	Not while		//	/_	<u> </u>	100	11				
	21 I certify the	t (I) (this haspital	Mende	d the deceased	from:	3/6/	6,019	to	5781	6.0.	, the	ot (I) (v	e) last	
	saw the deceas	ed alive an	4/6	2.29 · and	d that d	eath agcurre	ed disof	M, fram	the causes an	d an the	date			
	220 SIONA NILE	11/16		2		ATTENDIN	NG _ ME	ED	STAFF		fs/	22b	DATE SIGNED	
	22c. RAYSICIAN'S	4740	Ul.	, 1	-	M D PHYS 22d. ADD		RECTOR	PHYS [-5/	7	00		
	22c. MAYSICIAN'S NAME (Typy)	1/								1				
	23a BUR AL, CREMATIC	N. 235 DATE THEREC	OF	#3c NAME OF CEA	METERY O	R CREMATORY		23d LOCAT	ION (City, town, o	or county)		(Stote	3	
	Burial (Specify)	May 10-	- /	Greenla			PT		liamspo		Ma	ryla		
	24. EUNERAD DIRECTOR		17 00	ADDRESS	- /	40		D BY REGIST		STRAR'S SIG				
	Reserva	deff U	ulle	omsted.	7/1	441	DATMAY	1 0 '60	O at	19	there			

TO HOSPINGLOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Turs after death. Page 4 may be alread by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIXISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

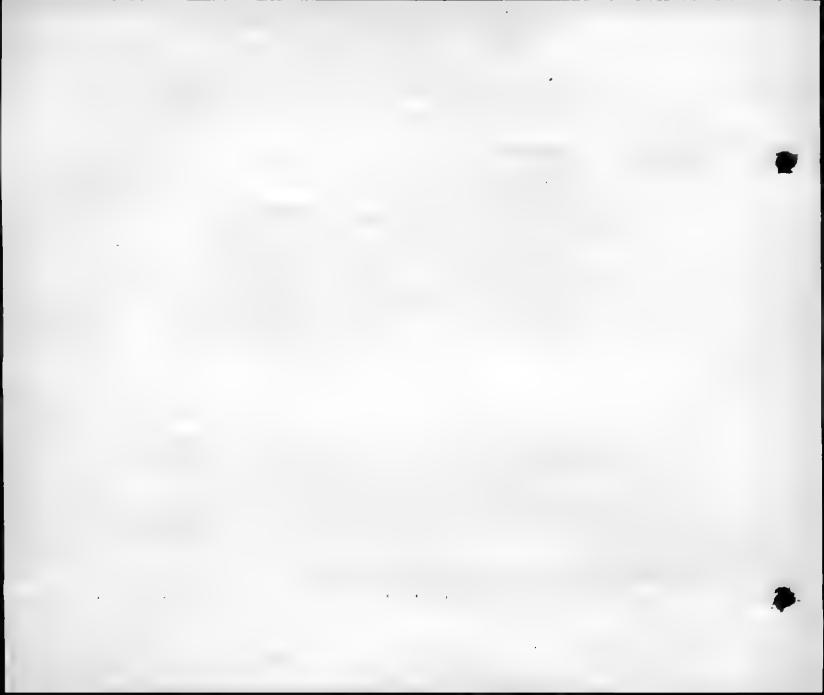
	2060	CERTIFICA	ATE OF DEATH	662	179
1 P	LACE OF DEATH		2 USUAL RESIDENCE (Where decease		before admission)
0	WASHINGTON	MARYLAND	MARYLAND		AV
lb		LENGTH OF STAY IN 11	c. CITY OR TOWN (If outside corp		
		10 DAUS	X KEEDVS	SVILLE	
C	I, NAME OF HOSPITAL (If not in hospital, give street ad	dress)	d. STREET ADDRESS		B IS RESIDENCE
	WASH . OD. HOSP	ITAL	MAIN ST		YES NO
3. 1	IAME OF First	Middle	Last 4. DATE	Month	Day Year
		D.		MAV. 2	- 19 60
5 S	EX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
1	MALE WHITE WIDOWED	DIVORCED	GET-8-19100	13 yrs. (0 2	Oys Hours Min.
100.	JSUAL OCCUPATION (Give kind of work done 10b. KI	ND OF BUSINESS OR INC	DUSTRY 11 BIRTHPLACE (State or foreign	country) 12, CITIZE	EN OF WHAT COUNTRY
P	- 11 m same	S. Post OF	TICH KEEDUSVILLE V	VASH CONVUE TIL	. A.2
13.			14. MOTHER'S MAIDEN NAME		
	MARDA KNIDE	2.5	MOLLIF	Y-DUNG.	
		CIAL SECURITY NO. 17	INFORMANT	Address	
	A.Ca.	0-18-1260 1	ARS, MARY KNODE	KEEDVSVIL	LE MID
	18. CAUSE OF DEATH [Enter only one couse per line	for (a), (b), and (c)]	P		INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	erebul	he woon tra	le	ONSET AND DEATH
	DUE TO C				~ ~
	Conditions, if any, which) (b)	werdized	arterof leur	3	1000
		0			
	lying couse last. (c)				
Z O	PART II. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	I(o) 19. WAS AUTOPS
CAT					YES NO
RTIFL	20a. ACCIDENT WAS UNDERLYING 1 20b DESCR	IBE HOW INJURY OCCUR	RED. (Enter noture of injury in Part I ar Pa	rt II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
ICAI	41		PLACE OF INJURY (Home, form, 20f (Cit	y or town) (Co	ounty) (State
MED	10	_ INDI WILLIO	, and a stage stage		
	21 I certify that (I) (this haspital) attended	d the deceased fran	4/23 1260 to	May 2. 1960	, that (1) (we) las
	_ ' '			the causes and an the	date stated above
	22a SIGNATURE		_	T	225 DATE
	+Jecoulor			STAFF D	2-1960 310112
	22c. PHYSICIAN'S NAME (Type)		22d ADDRESS		
	Joseph Second	lari, M. D.	21 N. Wain	st., Boonsbor	co, Md.
23a	BUR AL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY 23d, LOCA	ATION (City, town, or county)	(State)
PLACE OF DEATH					
24			0.415		
1	Column Colonson 13	OONSBORD	IXUD, DATE MAY 5	'60 arthur S.	Kraua

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 purs after death. Page 4 may be and by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriof-transit permit. Then please remaine carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to buriof, crematian, or remaval, and in any event, within 72 hours after death. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 VR A15 (4) 15M 9/59

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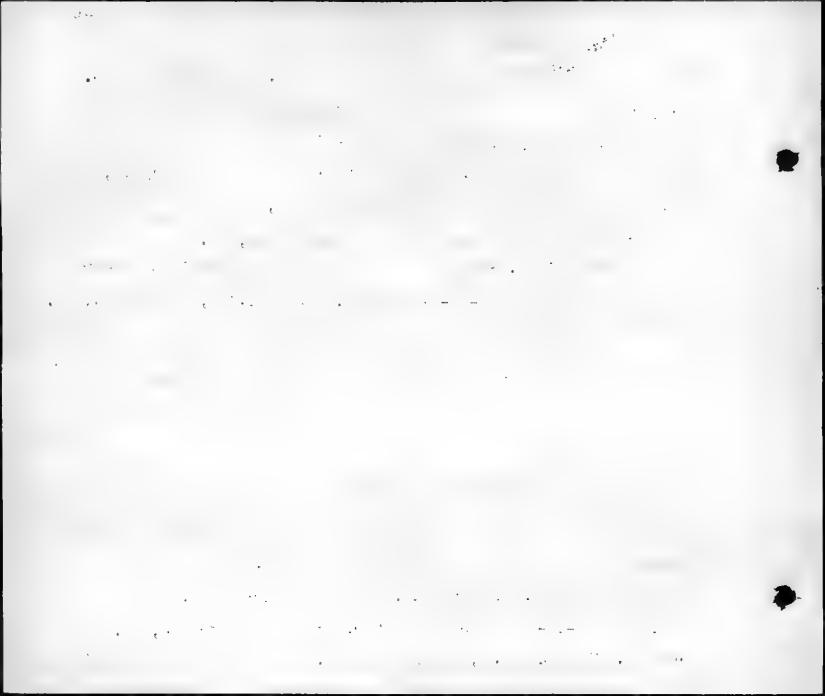
F. Minnich & Son, Hagerstown, Md. DATE MAY 20'60

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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eral director, be filed with

ofter death Page

PLACE OF DEATH a. COUNTY

BURIAL, CREMATION,

24. FUNERAL DIRECTOR'S SIGNATURE
Suter - Rouzer Funeral Home

REMOVAL (Specify)

Povia.

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE b. COUNTY Washington Washington MARYLAND Marvland CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Life Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) # d. STREET ADDRESS e. IS RESIDENCE or institution 118 S. Mulberry St. ON A FARM? 118 S. Mulberry St. YES NO. 4. DATE NAME OF Middle Inst Month DECEASED 25 60 KREGELO Mav ALMER **JOHN** DEATH (Type or print) 10 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) May 11. Days Hours white DIVORCED | 66 yrs male WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hagerstown, Maryland U.S.A. Telephone Company Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Schwinger William Kregelo 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 212-10-0584 Mrs. Margaret Kregelo Hagerstown. Md. W.W. Yes CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, Which gove rise to immediate DHE TO cause (a), stating the underlying couse lost. CATION PART IF OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES NO 🖂 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJUST OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o m While Not while P. m. ot work at work 1959, to 3-25 , 1960that (1) (-) last 21 I certify that (I) (this haspital) attended the deceased from. 2-11 19.40 and that death accurred at PM, from the causes and an the date stated above. saw the deceased alive an 22o SIGNATURE 22b DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type 998 Potomac Ave., Hagerstown, Md. Dalton

23c NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

Hager stown Md.

ADDRESS

23d. LOCATION (City, town, or county)

25b. REGISTRAR'S SIGNATURE

Cothur S. Krous

Hagerstown

250 REC'D BY REGISTRAR

DATEMAY

(Stote)

Maryland

the funeral should be fil 24 and c Filled ages after death campletely papers. durs puo carban physician гетаме 3 attending please Fhe ۾ permit. remayal baub ar attending physician. te has been si burial-transit Ö crematian, certificate the 6 S مَ OSe ined by the haspital a DIRECTOR: After this 9 by the haspital detached far 0

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 6345 CERTIFICATE OF DEATH

06283

	0020	
	PLACE OF DEATH O. COUNTY Washington MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE b. COUNTY Uashing 44
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If no Vin hospito), give street oddress) OR INSTITUTION UNITARY Spart Santario M	d. STREET ADDRESS 128 N. ARTIZAN St ON A FARM? YES NO DE
		Lost 4. DATE Month Day Year OF DEATH MACY 19 1960
s	B. DATE OF BIRTH 9. AGE (I/N years 1F UNDER 1 YEAR 1F UNDER 24 HRS. 16st birthday) 15	
	On USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housewife #ome	Williamsport Maruland U.S.A
13.	Nictor Cushwa	Mary Kerigh
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN	NORMANI 128 N. Artizan Street
	IB CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
	DUE TO	
	Continued when the Comment of the of	Carloria
	gave rise to immediate	Coc M - 118
}	lying couse lost.	
TON N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
SATE	chronic hi	PERFORMED? YES NO 11
CERTIFIC	1200 ACCIDENT WAS UNDERLYING IT 1206 DESCRIBE HOW IN HIRY OCCURRED	D. (Enter nature of injury in Port I or Port II af item 18.)
MEDICAL		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or tawn) (County) (State)
	21. I certify that (I) (this haspital) attended the deceased fram_	AL191 1958 to Mary 19 1960, that (1) (we) last
		leath accurred at 120 M. from the couses and an the date stated above.
	772375	M.D ATTENDING MED STAFF SIGNED SIGNED
-	22c. PHYSICIAN'S NAME (Type) Max F. ByrKit	28 w Potomac Wmapt Ma
234	30 BURIAL CREMATION, 236 DATE THEREOF 23C. NAME OF CEMETERY O SCHOOL COMMENTS OF COMMENTS	emetery Hagenstown, or county) (Store)
24	MUNICIPAL Williamport	DATE MAY 2 3 '60 Cuting 8 thems

TO HOSP ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 pour after death. Page 4 may ...
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 shauld be Attended to the burial cremation, ar remaval, and in any event, within 72 habys after death.

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TO HOSPINAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 urs after death Page 4	may It almed by the haspital or attending physician. TO FINNEA'S DIRECTOR: After this certificate has been staned by the attending physician and completely filled in by the funeral director.	page 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 should be filed with	
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1058	may if dined by the haspital or attending physician. DEUNE Att DIRECTOR: After this certificate has been side.	ge 3	State
101	E C	00	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06282

												-
1. PLACE OF DEATH 6. COUNTY	Washingto	PM.	MARYLAN	0.51		Md.	re deceased	Flived. If institut b. COUNTY			re admiss	lion)
b CITY OR TOWN (I RURAL and give no Hagers1		s, write	c. LENGTH OF STAY IN 1	b c C	**	WN (If ou		rate limits, write	RURAL one	d give nea	rest low	n)
d NAME OF HOSPIT OR INSTITUTION Wash.	At (If not in hospital, gi	ive street	address)	7 d. S	TREET AD		o tema	8				FARM?
3 NAME OF DECEASED (Type or print)	George	il .	Middle R	Lias	Last		4. DATE OF DEATH	Ma 5		20 20	1	Year 19 6 (
s. sex	6. COLOR OR RACE	7 MARE	RIED NEVER MARRIED	B DATE	OF BIRTH	1901		9 AGE (In years lost birthday) 59 yrs	Months Months		Hours	ER 24 HRS Min
Painter	king tife, even if retired)		KIND OF BUSINESS OR IN LINET D. Mess		Hage	CE (State o	wm, Mo	ountry)	12.CI	TIZEN OF	USA.	COUNTRY?
13. FATHER'S NAME Get	orge Lias S	r.		14. M	OTHER'S N		Back	tell				
1S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR! (If yes, give wer or detes of se	rvica)		r informat Frank		Н	agers	town, Md	dress			
Conditions, if a gove rise to i cause (a), stating lying couse last. PART II. OTH	mmediate bue to		CONTRIBUTING TO DEATH	BUT NOT REL	ATED TO T	HETERMIN	VAL DISEASI	E CONDITION GI	VEN IN PA	ART 1(o) 1	9. WAS PERFO YES X	AUTOPSY PRMED?
Z PART II. OTH	CAUSE OF DEATH MEDICAL EXAMINER	r 20d II White	Not while	PLACE OF I	NJURY (He	ome, farm,	20f (Cily			(County)		(Stote)
21. I certify the saw the decea 220 SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Sed alive an	at wor 19/ 19/	ded the deceased fra 60 19 and the	M.D AT	TENDING IYS ADDRES	MEI DIR	M, fram	5/20/60 the couses a STAFF St. , H	nd an t	he date	stated 22 1/6(B DATE SIGNED
23a BUR AL, CREMATIC REMOVAL (Specify)		F	23c NAME OF CEMETER Rese Hill					ron (City, town,	of county)	(Sto	re)
24. FUNERAL DIRECTOR		erst	ADDRESS WM, Md.			250. REC'D	BY REGIST		ISTRAR'S			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 6343 CERTIFICATE OF DEATH

06284

	0030	CERTIFICA		DEAII	•		(, (3 7 3
1.	PLACE OF DEATH o. COUNTY		2. USUAI	RESIDENCE (M	Vhere deceased	lived. If institution	on: Residence	before admission)
	WASHINGTON	MARYLAND	A.	AARYL	DINA		MACHI	NGTON
	b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16				ate limits, write R		
	RURAL and give nearest town)		ll X	50	_			
_	1000NSB0R0			DOO N	SBOR	0		
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	iddress)	d. STI	EET ADDRESS				e IS RESIDENCE ON A FARM?
	10 MC. KELDIN DR	IYE	10	WCK	ELDIN	DRI	1E	YES NO
١.	NAME OF First	Middle		Last	4. DATE OF	Mon	th	Day Year
	(Type or print)	ENTAN LO	AAAH	. k /	DEATH	MAU	13	19 6
	SEX 6 COLOR OF RACE 7 MARRI	IED X NEVER MARRIED	8. DATE O	BIRTH	5	AGE (In years	IF UNDER 1	YEAR IF UNDER 24 HI
	MALE WIDOWE		1	1/ -	1007	last birthday)	Manths D	Days Hours Min
1	JSUAL OCCUPATION (Give kind of work done 10b.	- 0	CANDA		188/		12 07121	EN OF WHAT COUNTR
-	during most of warking life, even if retired)	TIND OF BUSINESS OK INDU	ISIKT II. BI	KI MLTACE (2101	e ar rarsign cal	iuită),	112 CITIZE	EN OF WHAT COUNTR
		CITRANSIT CO.	18	JAR PSF	BURGE V	VASH, C	NID.	1/1SA
)	FATHER'S NAME		14. MO1	HER'S MAIDEN				W
	AUGHST LOHMAN			1704	CRE	AGE 17		
		SOCIAL SECURITY NO. 17, H	NFORMANT	1/7	-1160	Add		- T. O. I. (2)
(Υ	rs. no. or unknown) (If yes, give war or dates of service)	TO IN EVAL N	ADC N	Nier F	A 1 1 1 2 2 2 2		G KEL	
_		<u>78-10-6836 N</u>	11(2)/1	THICK -	-UTIMIAI	12000	VSBOR	
	1B. CAUSE OF DEATH [Enter only one couse per lin	e for [9], (b), and (c)]	~	1	1			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Colonar	4/1	1000	wood	10 -	-	1) much
	400 DUE TO	2	1	1		_		
	P	1	1000		11/10	0001	_	5 400 m
	Conditions, if ony, which gave rise to immediate	ueno V	and	men	mi	-axx		1 Tree
	cause (o), stating the under- DUE TO							/
	lying cause last. (c)							
200	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	T NOT RELAT	ED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART	la 19 WAS AUTOPS
i								PERFORMED?
i	20a. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRE	ED /Enter ec	turn of injury is	Post Los Part	II of dam IR I		163 110
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	NIBE HOW INJURY OCCURRE	co. (chier no	iure or injury ii	run ur run	i or nem re.,		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL		C-		URY (Hame, for affice bldg., e		ar tawn)	(Ca	iunty) (Sta
SEL	Hour a.m. While al wark		rcigry, street	office blog., e	10.)			
5			-1W.1	113.	11/1 3	110 - 1 -	/ /	e!
	21 I certify that (I) (this hospital) attend	ed the deceosed from.	I ILLIL		960, 10 1	Mery 13	1 , 196-4	that (I) (we) la
	saw the deceased alive on India	13 19 60 and that	deoth oc	urred at	M, from t	he couses on	d on the	date stated abov
	22a. SIGNATURE	1-						22b. DATE
	- KI, W, TW	n	M.D. PHYS	NDING P	MED. DIRECTOR [STAFF PHYS.		SIGNI
	22c. PHYSICIAN'S	/		ADDRESS	DIRECTOR L	11113.		
	NAME (Type)	14			onsk	1040 -	-	KX-1
	GIWINCON	rt .		10	01126	7 0 7 0		1 191
3	BURIAL, CREMATION, 236, DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATO)RY	23d. LOCATI	ON (City, town,	or county)	(State)
	SURIAL MAU-16-1960	LUTHERANI C	EME	E DAL	MIDDI	LETO WAY	TROP	Ch.Mp.
2.4	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	12/X/C	1650 DE	'D BY DEC STO	AP 20L PEGI	STRAR'S SIGN	
			MA	M	AY 2 0 '60	0	Thur 8. 1	
	LLW DIFFIT	MSBARA A	/1/1	DATE	141 m o -	٠,١٠	1.10m1 M2, 7	A 2-1

may be the fined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and comptemity fitted in by the funeral dimetar, page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fitted with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72-hours after death. rs after death. Poge A OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

DRILEVAIN

TO HOSP VR A1S (4) 1SM 9/S9



1	2			MARYL	AND S	TATE DEPA	RTME	NT OF HE	EALTH	-BAI	TIMORE,	18			
سنے 8 ا	4	L		630MI	DICA	L EXAMI	NER'S	CERTIF	ICAT	E OF	DEATH		062	85	
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should arematic		11.	o. COUNTY	Washing	ton			2. USUAL RESID	0.4	-	ed lived. If Institution and the second	904 900	_		
0		\vdash	b. CITY OR TOWN	If outside corporate limits, write		c. LENGTH OF STA	RYLAND Y IN 15			ylan	orate limits, write	T. T.	eder		
Page A	1		Hagerst	m)		3 .	rs.	1	irmon		rural	A KOKVE ON	give neore	ar town;	
har.				TAL OR INSTITUTION (If not in hos	pital, give street add	ress)	d. STREET AD			A COL CALL		j 4.	IS RESIDENCE	
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of the state of th		3.	NAME OF DECEASED	Fir		Middle		Lest	4	. DATE	Mon		Doy	Year	
une regis			(Type or print)	Daniel			Long			DEATH	May	28		1960	
d Fe		5.	SEX To	6. COLOR OR RACE			IED 🙀 8.	DATE OF BIRTH			9 AGE (in years lost birthday)	IF UNDER		UNDER 24 HRS.	
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a with	-	\top		ATH Enter only one cau	se per line f	or (o), (b), and (c).]							INTERVAL ONSET AN	BETWEEN ID DEATH	
m 18			PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	AC	UTE SUBD	URAL	HEMATO	DMA,	LEFT					
exec the fe	J			DUE TO	0.51		01105	0.71.011.0							
oil ir g wi			Conditions, if a	diote couse	CEI	REBRAL C	UNGE	STION A	ANU E	DEMA	4		17	를 HRS.	
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Fical Page 1	₩.	CERTIFICATION												ERFORMED?	
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This rd "		1	CAUSE OF DEATH.		SPEE	DING-SOU	TH 0	F THURM	TNON	RT.	# 550	STRUC	K CU	LBERT	
ER:	e de la companya de l	N S	20c. TIME OF INJU	IRY Month, Day, Yea	r 20d It While	Not while	20e. PLACI factor	OF INJURY (Hony, street, office bid	me, form, idg , etc.)	20f. (City	or town)	* (Cou	inty)	(Stote)	
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A King		1		hat I took charge							spection 🔲			nd find that	
AL S	7.5	ш	death resulted	from: Natural	causes _	J. Accident [X	(), Svici	de [_], Hor	micide [, Un	determined	cause 🔲			
the the	s 4.	- J	ACTUAL	A Stu	112	115		MD CHIEF MED	NCAL EVAL	MINIED [7]		4	DA	TE SIGNED	
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TE T			EXAMINER'S NAME (Type)	DR. E.W.	DITT	0, JR.		DEPUTY ME		_	-		1/2	160	
DEF Grw FUN		220	BURIAL CREMATIC	ON, 226. DATE THEREO	F :	22c. NAME OF CEME	TERY OR C	REMATORY	2	2d. LOCAT	ION (City, town,	or county)	1	(Stote)	
5 . 5 .		_	REMOVAL (Specify			Utica	Ceme	etery		Uti		-	Co.	Md.	
VS. A15ME(5)	3	23,	FUNERAL DIRECTOR	TS SIGNATURE ! LL C	2122	ADDRESS	M =		4a. REC'D I			STRAR'S SIC	4 .		
5M 9/55	1/2	4	Raymond	E. Creage	r/ 1	Churmont	, Md.	D.	ATE JUN	1 '6	0 C.	nthun S.	House		



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
25	6358 CERTIFICATE OF DEATH Reg. Dist. No.
filed with	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
the funeral is shauld be fit	b. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) RURAL and give nearest town) FURAL - Signal -
A > [* "	d. NAME OF HOSPITAL (If noy in hospital, give street address) or INSTITUTION d. STREET ADDRESS or IS RESIDENCE ON A FARM? YES NO I
Peo	3. NAME OF First Middle Lost 4. DATE Month Day Year OF DEATH MCW 24 1967
	5. SEX 6. COLOR OR RACE 7/ MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.
d comp d comp death.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
cian an cian an s carbo	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
g physician remave ca 72 havrs aft	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (17 yes, give vior or dottes of service)
attending please r within 72	IB. CAUSE OF DEATH [Enter only one cause per line for (p), (b), and (c).] PART I. DEATH WAS CAUSED BY: HYPERTENSIVE HEART DISEASE ONSET AND DEATH UNITED AL BETWEEN
by the t. There y event	DUE TO Conditions, if ony, which)
signed in on	gove rise to immediate cause (a), stating the <u>under-language</u> Lying cause lost.
hysicial been should an wal, an	
nding p cate ha ne buric	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(u) 19. WAS AUTOPSY PERFORMED? YES NO TO OR CONTRIBUTING CAUSE OF DEATH III. CAU
or offer is certification.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a. ft. While Not while
haspitol Affer thinged for iol, crer	21. I certify that I attended the deceased from MAY 24, 19 60 MAY 24 19 60 that I last saw the deceased
by the CTOR: defoch to bur	ADDRESS (Street, city or town, state) DATE SIGNED
DIRECTORY OF PRIOR	PHYSICIAN'S Archie Robert Cohen, M.D. Clear Spring, Maryland May 24, 1960
oy be No.	NAME (Type) 22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
DE DE SE	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
15M 9/55	1. M. Kninger Mercus burg, far, DATESUN 6 '60 autur & Knins



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

06287

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution. Residence before admission) Washington o. STATE COUNTY MARYLAND Washington Maryland CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown Hagerstown d NAME OF HOSPITAL (If not in haspital, give street address) A STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 537 Frederick St Vestern Marvland State Hospital YES NO KT 4. DATE Manth Year DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) DIVORCED [7] 84 yrs WIDOWEDX Male USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TISA. Virginia Retired Carpenter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Bly George B. Lynn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address G. Miller Lynn, Same no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate DUE TO cause (o), stating the underlying cause lost FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN BART 1(0) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item/18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while at wark of wark 2) I certify that (1) (this hospital) attended the deceased from Mal 19_ 60 that (I) (we) last ond that death accurred at From the causes and on the date stated above sow the deceased alive on MG 22a, SIGNATURE GIGNED ATTENDING PHYS DIRECTOR [M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Young E. Chun 23a BUR AL, CREMAT ON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county REMOVAL (Specify) Winchester. -1960 Hebton-Cemetery emoval_Buriel

Hagerstown Maryland

250. NEC'D BY REGISTRAR

'60

256 REGISTRAR'S SIGNATURE

Carling S. France

funeral uld be <u>f</u> D 4 ban physician attend ╗ permit peen si **burial-transit** and by the DIRECTOR: O FUNE

VR A15 (4) 15M 9/59

A.K. Coffman

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 § 309MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06288

Rea. Dist. No.

1. PLACE OF DEATH	bionetan					2. USUAL RE					: Residenc			eion)
	hington suitade corporate limits, write		1. 151	MAIR IGTH OF STAT	YLAND	<u> </u>	Mary.							
and give negrest town		LIDRAL				A t	,		porole limits,	WILLS KO	rvr ana 8	IVID NING	rest tow	m
Hagerstown	AL OR INSTITUTION (If not in h		years (d. STREET		rstown				1.	15 DE	SIDENCE
	lberry Str		ospiidi, gr	AM STEMM OCCUL	mij	3		berry	Street				ON	FARM?
3. NAME OF DECEASED	Fin	st .		Middle		lo	st st	4. DATE		Day Year				
(Type or print)	MARY		AD	ELE	1	MAC MIC	HAEL	DEATH	May			1	19	60
5. SEX	6. COLOR OR RACE	7. MARI	RIED 📋 1	VEVER MARRI	8 🔲 G	DATE OF BIRT	Н		9. AGE (in ye lost birthylay		UNDER TY			R 24 HRS.
Female	White	WIDOW	ED 🔀	DIVORCED		Septemb	er 17	, 1883	76		onths Do	ηı	lours	Min.
10a. USUAL OCCUPATION during most of working Clerical	ON (Give kind of work g life, even if ratired)			BUSINESS OF Publis			,	or foreign c	**			N OF V		OUNTRY?
13. FATHER'S NAME						14. MOTHER'S	MAIDEN N	NAME						
?	Wall						Ma	ry Mar	rin					
15. WAS DECEASED EVE			S. SOCIAL	SECURITY NO	. 17. H	FORMANT			Ad	dress				
(Yes, no, or unknown) NO	(If yes, give wor or dotes of		216-3	0-9536	M	rs. Wil	liam 1	r. Has	sett,	Jr	Hager	rsto	wn,	Md.
Conditions, if or gove rise to immed (o), stoting the acouse lost. PART II. OTH	inderlying DUE TO (c) ER SIGNIFICANT CON	Cor My o Car Ditions o	onar card diac	y Ather ial Ir Hyperi	rosc nfarc troph	erosis t y or related to				1 GIVEN	IN PART 1	Re	PERFOR	UTOPSY
PRIMARY OF CONCAUSE OF DEATH.						nter nature of i								
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	Whi	ile l	OCCURRED Not while	20e. PLA(facts	CE OF INJURY (ory, street, office	(Home, form e bidg., etc.	1. 20f. (City	or fown)		(Count)	y) 		(Stote)
	at I took charge									-			and f	ind that
death resulted	from Natural	couses	Ø, A	ccident 🔲], Sui	cide 🔲 , H	Homicide	. [], Ui	ndetermin	ed cau	se .			
ACTUAL SIGNATURE	1 500	1	un			_M.D. CHIEF	MEDICAL EX	(AMINER [DATE SI	GNED
EXAMINER'S NAME (Type)	r. E. W. D	itto.	Jr.					AL EXAMINE EXAMINER			5	-3-	60	
22a. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NA	ME OF CEME	TERY OR	CREMATORY		22d. LOCA	TION (City, to	own, or co	ounty)		(Stote))
Burial	5/4/1960				emor	<u>ial Par</u>	V		imore				ryl	and
23. FUNERAL DIRECTOR Suter - Ro A. Jeganter	uzer Funer	al H	OMO.	Magers	town	, Md.		MAY 1 C			Alun à		us	



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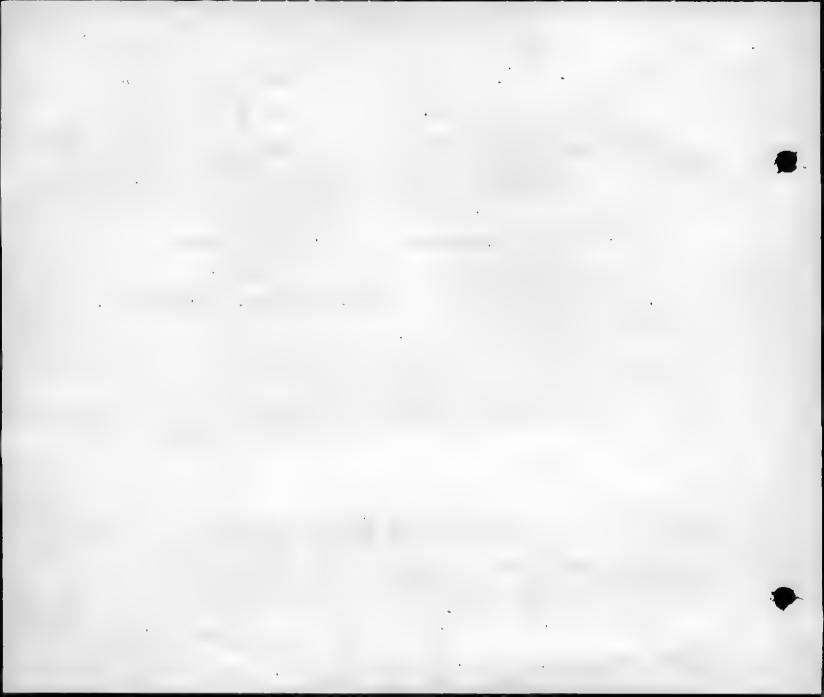
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TO FUNE

physician

attending p

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 6311 with director 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY Washington PLACE OF DEATH Filed a. COUNTY Washington MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 ě c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) RURAL and give nearest town) Hagerstown Life Hagerstown should the d. NAME OF HOSPITAL (If not in hospital, give street address) ed STREET ADDRESS Garlocks 343 S. 22 Nursing Hospital Cannon Ave. Ξ DATE Middle Last Month filled DECEASED May Marr May Anna DEATH (Type or print) ddes 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE completely last birthdoy) Female White 28. 1884 WIDOWED | DIVORCED | Nov. 10o, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) death during most of working life, even if retired) Upper Fitter Md . Shoe Factory Hagerstown puo carbon after 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician requires that the death certificate Emma Rose Wallich Andrew H. Marr гетоме Nours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 214-09-5838 72 Miss Irene attending Marr pleose within CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) i e á Canditions, if ony, which VIII permit gned pave rise to immediate DUE TO couse (a), stating the under-S and lying couse last. burial-transit physician been CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMENER) 20b. DESCRIBE HOW INJURY OCCURRED, tenter nature of injury in Port I or Part II of item 18.) cert ficote 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home form, 20f. (City or town) foctory, street, office bldg., etc.) o. m. While Not while at work of works hospital 21. I certify that I attended the deceased fram. detacilled alive an / C

22c. NAME OF CEMETERY OR CREMATORY

Cemetery

Md . DATE MAY

Rose Hill

Hagerstown

ADDRESS

Year 1960 10 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRY? Address Hagerstown MA INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO IXI (County) (State) 1900 that I last saw the deceased and that death accurred at 10:40M, from the causes and an the date stated above. DATE SIGNED Manet-city or town 22d. LOCATION (City, tawn, or county) (Stole) Hagerstown 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR Orthur & Heard

IS RESIDENCE

ON A FARM?

YES NO

FIINER page ò 2 **YS A15 (4)**

DIRECTOR:

2 shauld

e

ACTUAL SIGNATURE

Scott

PHYSICIAN'S NAME (Type)

22a. BURIAL, CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

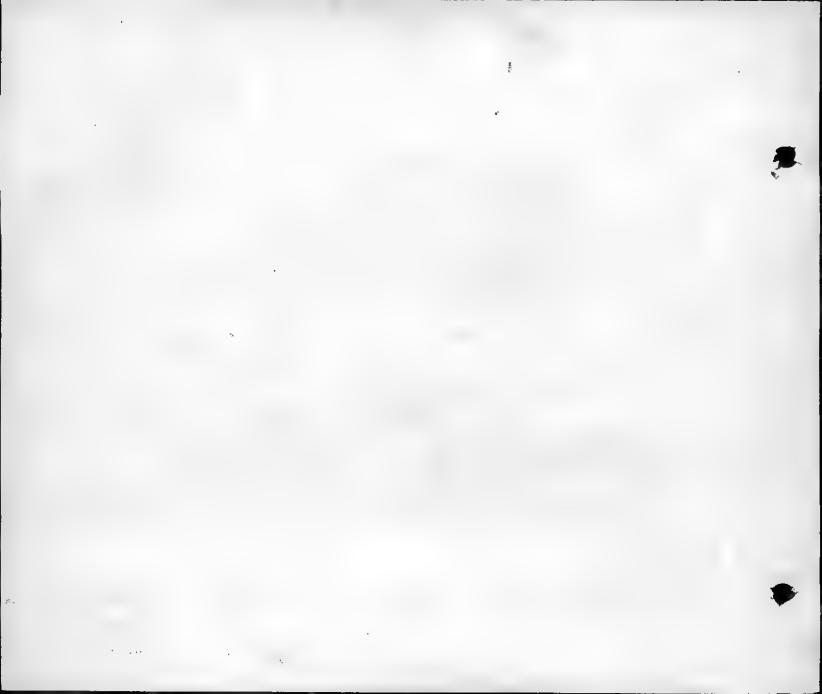
22b. DATE THEREOF

F. Minnich & Son

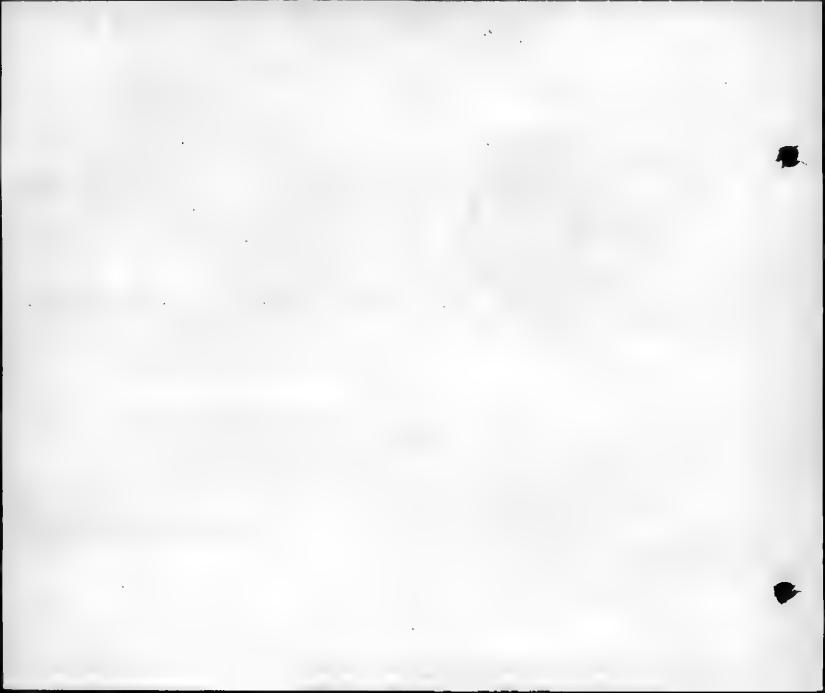




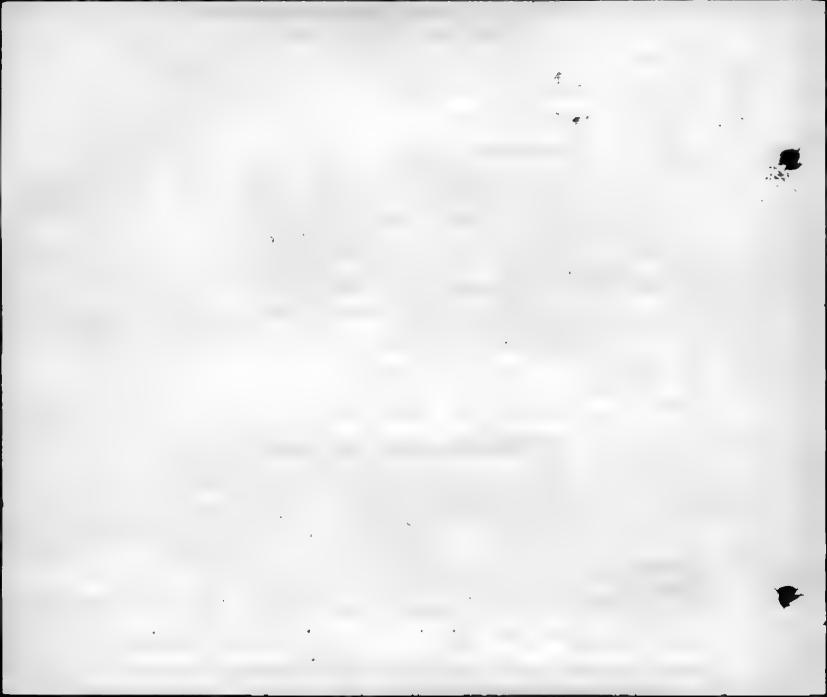
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 06292 CERTIFICATE OF DEATH I directar, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY o. STATE b. COUNT MARYLAND funeral o c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) pluods (6 PA) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION ond 2 YES NO X GERSTOVIA RSTAIN NAME OF Middle 4. DATE Year DECEASED OF Pages 1 DEATH (Type or print) 19 60 death IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In year) 5 SEX 7. MARRIED NEVER MARRIED lost birthdoy) Days complete WIDOWED DIVORCED | ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed 2. CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) during most of warking life, even if retired) WASH KEEDE CO. MID.USA and DUSE carban k 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Ξ. remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address If yes, gave wer or doles of service! ERSTOWN 0 attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o ÷ **DUE TO** ۾ permit. Candit'ans, if any, which (b) has been signed gave rise to immediate DUE TO cause (a), stating the underburial-transit lying cause lost by the hospital or attending physician 10 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY cremation, PERFORMED? YES NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) After this certificate 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year (County) (Stole) factory, street, affice bldg , etc.) MEDI a m. While Not while ot work at work detached far 1960, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 47-2 , to ... 7-1 and that death accurred a same man the causes and an the date stated above. saw the deceased alive an DIRECTOR 220 SIGNATURE 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS pe M D ned 22d ADDRESS 22c PHYSICIAN 3 should NAME (Type) TO FUNERAL 13 page 3 sh the State 230 NAME OF CEMETERY OR CREMATORY BURIAL, CREMAT ON. 23b DATE THEREOF ar county) REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Orthon & Keaus OONSBORG DATEMAY 2 3 '60 VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



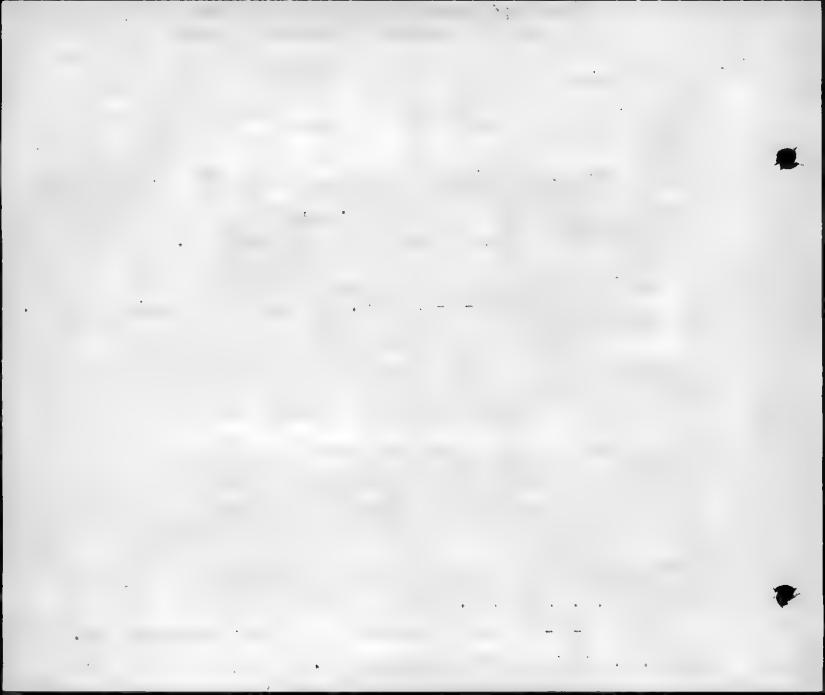
1			ď	MARY	LAND	STATE DEPART	MENT OF HEALT	H-BALTIN	ORE, 18	0.000
1	1 1				63	CERTIFIC	ATE OF DEAT	How,		06294
4 2.3		-	HACE OF DEATH			- GERTIN				Dist. No.
Poge direct	6		Mashingto	ori		MARYLAND	2. USUAL RESIDENCE (V o. STATE	Vhere deceased liver	d. If institution: Resid b. COUNTY	lence béfore admission)
erol o	(0)		D. CITY OR TOWN (If RURAL and give ne	outside corporate lim	ils, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corporate l	imits, write RURAL an	d give nearest town)
fune vid'1		L	Hagerstow	m			1 12 1/	erstours?		
s offe y the 2 sho	61		OR INSTITUTION	At (If not in hospital,) On County I	jive street	oddress)	d STREET ADDRESS	71 1.	PI.	IS RESIDENCE ON A FARM?
hour		3.	NAME OF DECEASED	Fi		Middle Middle	Last	4. DATE	Month	Day Year
n 24			DECEASED Type or print)				Miller	4. DATE OF DEATH	May	9th 1960
vithin Pog		5. 3		6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. A0	- 37	ER 1 YEAR IF UNDER 24 HRS.
rplei		1	Female	White	WIDOW		May,9,1960		угз.	12
execular department		100	during most of worki	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR INC	USTRY 11 BIRTHPLACE (State	e or fareign country ston Count	by 12 c	CITIZEN OF WHAT COUNTRY
be on or	<u> </u>		FATHER'S NAME			· ·	14. MOTHER'S MAIDEN			
rtificote physicic smave c			Robert Ben					arie Barr		
certification of physical companies of the certification of the certific		13:	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s		SOCIAL SECURITY NO. 17.	INFORMANT	07.7	Address	
oth o	1	4	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne (at (a), (b), and -tc). T	MEDICAL REC	OKD		INTERVAL RETWEEN
offer of the control				H WAS CAUSED BY:	- /	tileitos				INTERVAL BETWEEN ONSET AND DEATH
that the death certificate b by the atlanding physician b. Then please remove carl			710,	DUE TO	А		, ()			
at the	5		Conditions, if an		1	umo lu	and a			
quir.			cause (a), stating the lying cause last.	he under-)		/			
w re ician een :		z		ER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIVEN IN PA	ART I/OL 19 WAS ALTOPSY
phys os b sol-tr		CATION								PERFORMED? YES NO X
ding ste h bur	5	CERTIFIC	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I or Part II of	item 18.)	,
Hend Hiffico Hiffico S the	5 ≟`									
or o	Ž	MIDICAL	20c. TIME OF INJURY Hour o. st.	Month, Day, Ye	While	Not while	PLACE OF INJURY (Hame, for octory, street, office bldg., el	m, 20f. (City or to	wn)	(County) (State)
Pital Pital For thi	5 /	¥	p. m,			k of work	1060	(a 0 10/		
Afred Afred			plive on May		deceas	ed from <u>PRAY 7g.</u>	1700, 19, to	1ay 7, 170	29 19,that	I last saw the deceased
THE THE TOTAL STREET	3		Control on the control of the contro	0		and that dea	m occurred atoraga	ADDRESS (Street, o	t causes and an tity or town, state)	the date stated above
¥ P B G G	2		ACTUAL SIGNATURE	1. K)CL	Dec	e 'h.	_M.D			
AL O	ī. 5		PETHICIANT		-		07.4	I 41 D.A	C1	**
SPIT.	5	220	SURMIC CREMATION		Dove	22c. NAME OF CEMETERY				Hagerstown, Mo
D HO Moy I			TREMENTAL (Specify)	5/12/6)	Wash. Co. Ho			City, town, or county OWn, Md.) (Stote)
		23.	FUNERAL DIRECTOR'S	SIGNATURE	20	ADDRESS 14 N. Potomac	St. HagMal	D BY REGISTRAR	24b. REGISTRAR'S S	
VS A15 (4) 15M 9/55	21 . 11	_	17.0	2004	11		DATE	1AY 1 7 '60	Certhur	S. Kraus
V.	14000	3	1 0 X	128	1	VO				



06295

o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington									
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town)									
Hagerstown 23 years	Hagerstown									
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d, STREET ADDRESS . Is RESIDENCE									
1700 Howell Road	1700 Howell Road YES NOT									
3. NAME OF DECEASED (Type or print) Herbert Clinton MC	Data Lost May 22 1960									
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.										
Male White WIDOWED DIVORCED I	Dec. 11, 1882 77 yrs. Months Doys Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Cold Storage	Tilghmonton Md.									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Henry Moats	Susan Davis									
	FORMANT Address									
	es. Florence Dorsey Williamsport Md									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (cj.)	INTERVAL BETWEEN									
MART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Arterioscleration	Heart Disease 5 Years									
DUE TO	vear in busease 5 rears									
Conditions, if any, which } [6]										
gave rise to immediate cause										
couse last.	tall storing the entertying									
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? YES NO NO									
CAUSE OF DEATH.	ster nature of injury in Part 1 or Part II of Item 18.)									
	E OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)									
21. I certify that I taak charge of the remains described above	re, held an Autapsy . Inspection x, Inquiry . and find the									
death resulted from: Natural causes X, Accident , Suic	ide , Hamicide , Undetermined cause .									
A - a -										
SIGNATURE A Th' Cicly	.M.D. CHIEF MEDICAL EXAMINER									
EXAMINER'S	ASSISTANT MEDICAL EXAMINER 5-23-60									
NAME (Type) Dr. E. W. Ditto. Jr.	DEPUTY MEDICAL EXAMINER									
Page Burial (226. Date thereof Burial 5-25-60 Manor Cemeter OF Company)	Man Mil alana									
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE									
Scott. F. Minnich & Son Hagerstow	7.5									

VS. A15ME(5) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

6316

CERTIFICATE OF DEATH

06296

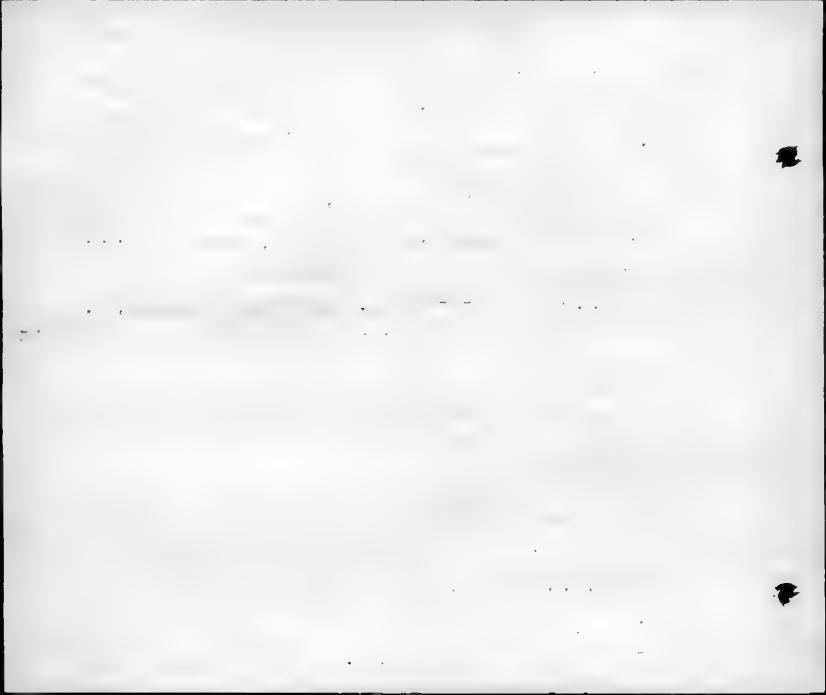
with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY Filed a. STATE **b** COUNTY Washington MARYLAND Maryland Washington CITY OR TOWN (If autside carporate limits, write þ c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 9 Hagerstown vear Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE or Institution 50 W. Hilcrest Road ON A FARM? West Hillcrest Road YES NO IN puo NAME OF First Middle DATE Month Day Year DECEASED ages 1 WILL IAM AARON MOATS (Type or print) DEATH May 16 19 60 death SEX 6. COLOR OR RACE MARRIED T NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) May 5, 1921 Manths Days Haurs male white DIVORCED [7] 30 WIDOWED | papers. yrs 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? U.S.A. Penal Farm Guard ban Hagerstown, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8 5 Carl Moats Lola Shows 17. INFORMANT 15. WAS DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 214-09-2974 Yes Mrs. Jacqueline Moats Hagerstown, Md. please on's 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b) fold (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which permit paug (b) gove rise to immediate DUE TO cause (a), stating the underlying couse last. **burial-transit** (c) peen CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ematian, PERFORMED? has YES I NO IZ 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 ar Port 11 af item 18.) certificate 20 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year (Caunty) (State) factory, street, office bldg., etc.) Haur o.m. While Nat while of work at wark p. m. detached for After 2) I certify that (I) (this-hospital) attended the deceased from Health and that death accurred at 7.6M, from the causes and an the date stated above. saw the deceased alive on 22a, SIGNATURE 22b DATE SIGNED STAFF ATTENDING MED. DIRECTOR PHYS. Pe M.D. PHYS. 22c PHYSICIAN'S 22d. ADDRESS should J. Boyer Wilson North Potomac Street J = 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, LOCATION (City, fawn, ar caunty) (State) _(Specify) Rose Hill Cemeterv Hagerstown Maryland 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REGISTRAR Rouzer Funeral Home Hagerstown, Md. Suter MAY 23'60 arthur & Kines DATE

director after death funeral 24 filled and physician death certificate attending the the that ģ

ATTENDING PHYSICIAN: by the | ned by the DIRECTOR: FUNERAL 2 VR A15 (4) ISM 9/59

physician

attending





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0638i**CERTIFICATE OF DEATH** 6421 Reg. Dist. No director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY filed o. STATE b. COUNTY COMIT MARYLAND 100 m160 ero b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give figarest town) should d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. 15 RESIDENCE ON A FARM? OR INSTITUTION 20 YES NO. E ond o NAME OF 4. DATE First Middle Month Day Yeor filled DECEASED Poges 1 n (Type or print) DEATH 19/2 /2 9. AGE (In years last birthday) 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH Months Days WIDOWED TA DIVORCED [100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? furring most of working life, even if retired) gug corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion 72 hours 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Address offending please within 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** è duy permit. Conditions, if any, which (b) signed gove rise to immediate **DUE TO** couse (a), stoting the underpuo lying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 1 200 ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING IN CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) certificate MEDICAL 20c. TIME OF INJURY Month. 20s PLACE OF INJURY (Home, form, Doy, Year 20d INJURY OCCURRED 20f (City or town) (County) (State) foctory, street, office bldg , etc.) Hour o. m. While Not while at work of work 21. I certify that I attended the deceased from 19 (a) that I last saw the deceased alive on M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE should 5 PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b DATE THEREOI 22c NAME OF CEMETE 22d. LOCATION (City, town, or county) CREMATORY (Stote) page REMOVAL (Specify) HI CARL

ADDRESS

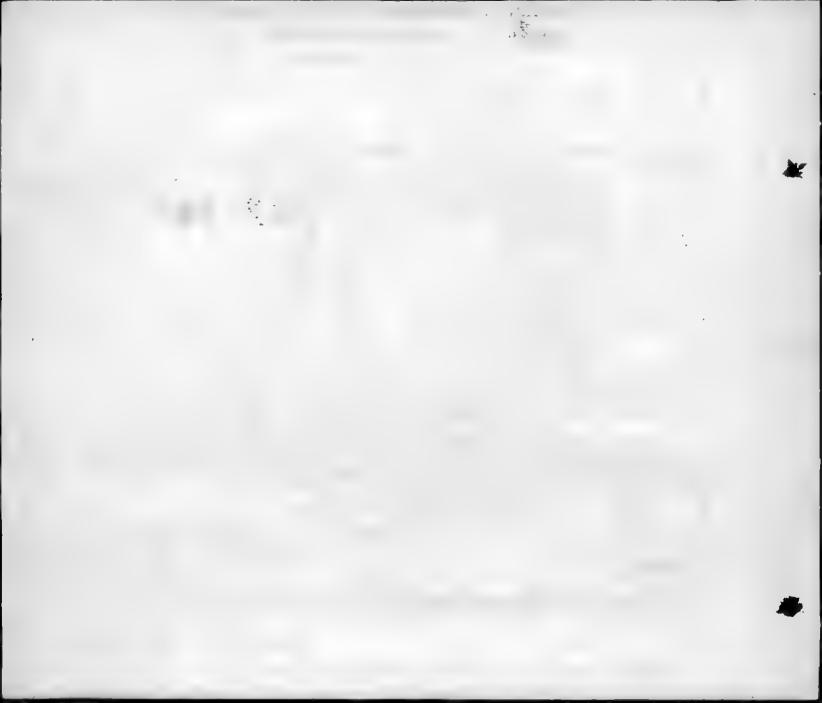
240. RESID BY REGISTRAR

DATE

246. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

23. FÜNERAL DIRECTOR'S SIGNATURI



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

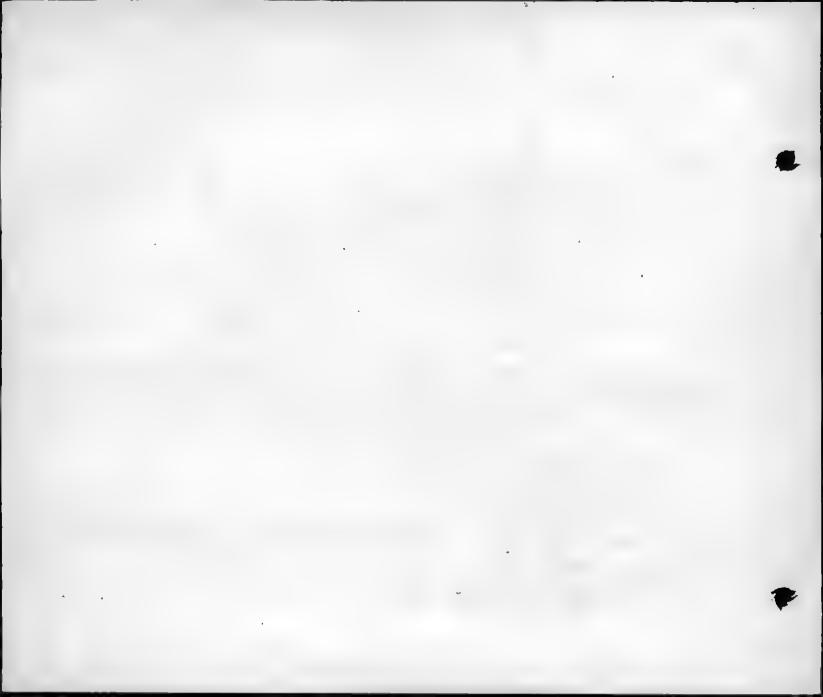
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1		6317 CERTIFICATE OF DEATH
		2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b. COUNTY
	_	WASHINGTON WASHINGTON
		CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		HAGERSTOWN 2 HOURS X BOANSBORD
		NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDEN ON A FAR
		WASH, CO. HOSPITAL NORTH MAIN ST YES IN
ì	3.	AME OF First Middle Lost 4. DATE Month Day Year OF
Ц		YPE OF PRINT) THURSTON B MULLENDOKE DEATH MAK- 4- 19
	5 5	6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In peors FUNDER 1 YEAR IF UNDER 24
		NALE WIDOWED DIVORCED MAIL 17 - 1904 C.C. yrs. 17 Hours
1	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11 (BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTY)
	A	ERCHANT AND FARMER OWN BUSINESS AND FARMS, CAPLAND WASHIGO MID. U.S.A.
		ATHER'S NAME 14. MOTHER'S MAIDEN NAME
		DAVID D MALLEHDARE SUCAN ALCOHOLOGO
	NS.	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address
	1	no. or unknown) (If yes, give wor or dates of service)
	-	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
		ONSET AND DE
		THE CHOSE (C)
		Conditions, if any, which) (b) Arteropeleratic Rear & Fische -
		gove rise to immediate (b) Theoretical Conditions, which
		couse (o), stoting the under:
	~	lying couse lost. (c)
_	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS A JT. PERFORME YES NO.
1	CERTIFIE	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH
		(IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County)
	AED!	Hour o. m. While Not while of work of at work
	~	
,		2) I certify that (i) (this hospital) aliended the deceased from, (7,22, 10, 11, 12, 12, 17, 17, 17, 17, 17, 17, 17, 17, 17, 17
		saw the deceased alive on 5-4-1960, and that death occurred of 2AM, from the causes and on the date stated ab
		ATTENDING MED STAFF 3-3-1960S
		M.D. PHYS DIRECTOR PHYS 22d. ADDRESS
		NAME (Type)
		Joseph Secondari, M. D. 21 N. Main St., Boonsboro, Md.
	23c	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (Stote)
	Ľ	SURIAL MAY 6.1960 DOONSBORD CEMETERY 1 DOONSBORD WASH. CO. MIN
	24.	TOTAL DIRECTOR'S SIGNATURE 300 NS BORO MD. 260. RECTO BY REGISTRAR SIGNATURE
		DATE DOONS BOKO TAID.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. The first death. Page 4 may be already the hospital or attending physician.

To FUNERAX DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

The following the first page of the physician permit. Then plants remove corbon pages. Pages I and 2 should be filled with



is after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6318 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH			2, USUAL RESIDENC	* MA/hara danaged	lisand If Institut	ion Peridence	hefore admissas)	_
	ashington	MARYLAND	o. STATE	Penna.	6 COUNTY		8	
b. CITY OR TOWN (IF RURAL and give nex Hagerstow	outside corporate limits, write irest town)	c. LENGTH OF STAY IN 16	Evere	N (If outside corpor t	ate limits, write i	RURAL ond gi	ve nearest tawn)	
d name of Hospita 101 Belv	L (If not in haspital, give street Lew Ave.	address)	d. STREET ADDRE				e. IS RESIDENC ON A FARM YES NO	W?
3. NAME OF DECEASED (Type or print)	Edgar	Roy	O'N eal	4. DATE OF DEATH	Mor	lay 29	Day Year	00
5. SEX male	6. COLOR OR RACE 7. MARR WIDOWE		Feb. 16,	1888	9. AGE (In years last birthday) 72 yrs.		YEAR IF UNDER 24 I Days Hours Mi	HRS In.
10a USUAL OCCUPATION during most of works	N (Give kind af work dane 10b. ng life, even if retired)	farm		(State or foreign co	Penna		EN OF WHAT COUNT	TRY?
13. FATHER'S NAME	John O'Neal		14. MOTHER'S MAII	DEN NAME A	ice Di	cken		
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT		Add	fress		
	I was also were or dotal of services	62-12-4139	Frederi	ck R. O	Neal,	Hager	stown, M	ld .
PART I. DEAT	mediate (Estibilization	s, Herri	elized			Ujarz	TH
PART II. OTHI	ER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASE	CONDITION G	VEN IN PART	1(a) 19. WAS AUTO PERFORMED YES NO)?
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING 1 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of inju	ary in Part I or Port	II of item 18.)			
20c. TIME OF INJURY Hour o. m.	While		LACE OF INJURY (Home octory, street, office bldg		or tawn)	(Co	ounty) (St	tote)
alive an	at I attended the decease of May 19	and that deat	M.D. Luck	ADDRESS (SH	he causes areet, city or town,	nd an the state)	A MICH 5/3	ave. NED
	ohr D. Wilson	n .	135 N.				stown, M	Id.
220. BURIAL, CREMATION PEMOVAL (Specify) DUT 181	June 1, 196	22c. NAME OF CEMETERY C	or crematory ille Cemet	1	ion (City, town,		(State) Penna	
23. FUNERAL DIRECTOR'S		ADDRESS	24a	REC'D BY REGISTI	RAR 246. REG	ISTRAR'S SIG	NATURE	

TO HOSPIZ VS A15 (4) 15M 9/5B



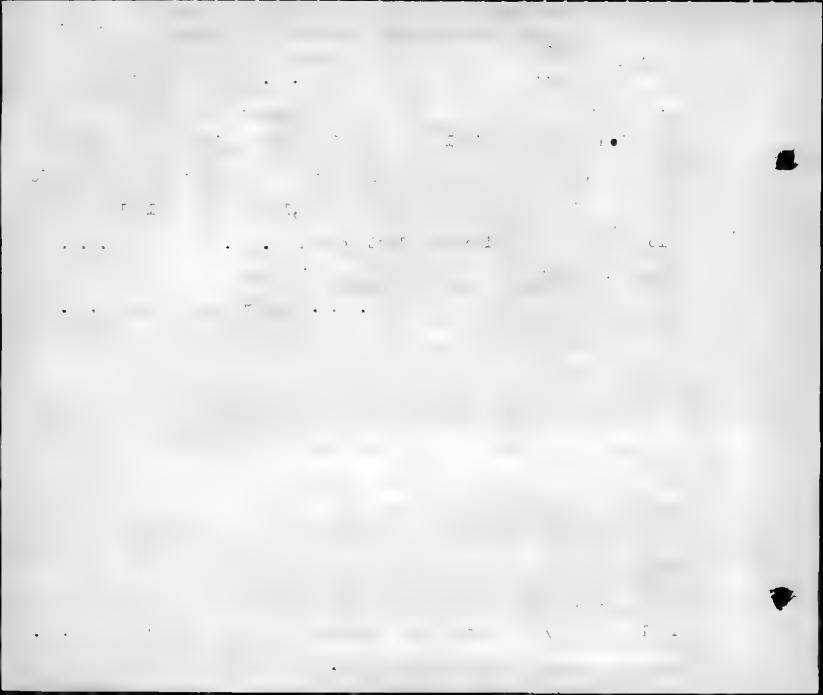
VS. A15ME(5) 5M 9/55 O

MARYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	-BALTIMORE,	18
631 OMEDIC	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	

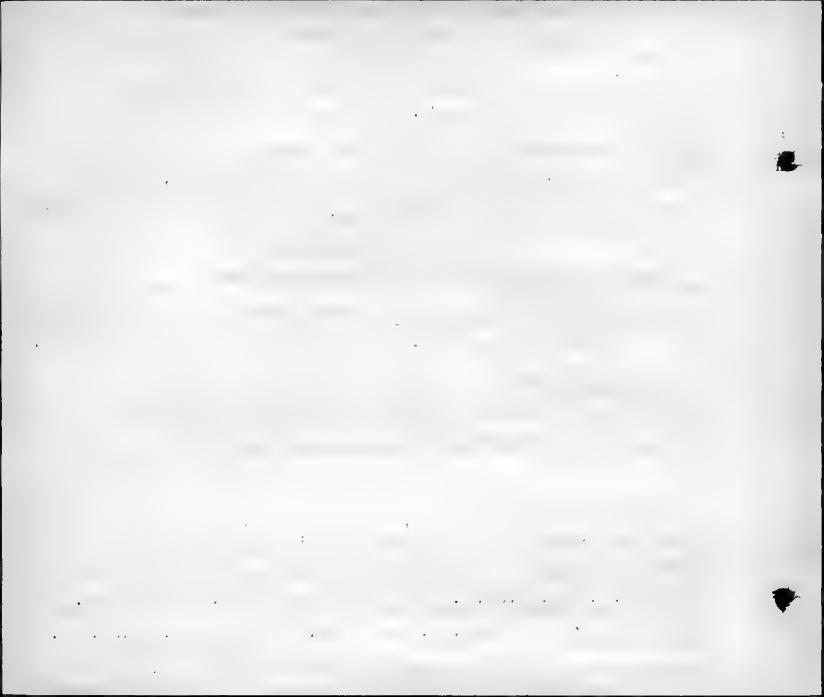
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Reg. Dist. No.

1, PLACE C	OF DEATH					2. USUAL RES	IDENCE (V	Vhere deced	sed lived. If in	titutio	n: Residen	ce befo	ore admi	ission)
o. COU	Wa	shington	1	MARYL	AND	o. STATE	W.Ve	a .	b. COU	NTY]	Berk	ele	3 y	1
b. CITY (OR TOWN (If	outside corporate limits, s	rite RURAL	c. LENGTH OF STAY IN	1 1b	c. CITY OR	TOWN (II	outside cor	porote limits, w					wn)
7.7	ersto	WIJ				Mart	inst	ourg				X	4	u.
				ospital, give street address)		d. STREET								ESIDENCE A FARM?
wash	ingto	n County	/ Hos	pital		Willi	amsı	ort	Pike] NO []
3. NAME O			First	Middle		Lost		4. DATE OF	Me	onth		Doy	Y	'ear
(Type or	print)	James		William		ainter		DEATH	May			26	1	9 60
5. SEX		6. COLOR OR RAC	E 7. MARR	NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (in years last birthday)					ER 24 HRS.
Mal		White	WIDOWI		- 1	pril	9,19		55 y	rs. ng	Inthis I	999	Hours	Min.
10a. USUA! during m	L OCCUPATION	N (Give kind of wor Life, even if retired	k done 10b.	KIND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPL	ACE (State	or foreign	country)		12. CITIZ	EN OF	WHAT	COUNTRY
Empl	oyee		A:	<u>ircraft Pla</u>	ant	Loude	n Co	Va Va				U.S	S.A.	
13. FATHER						14. MOTHER'S								
		Painter					ie F	lardy	<u> </u>					
(YES, PO, OF U		R IN U. S. ARMED I				FORMANT			Addr	269				
NO					Mrs	. J.W.	Pair	iter	Marti	nsl	burg	W.	Va.	
				e for (a), (b), and (c).]								INTER	VAL BETWE	EN ATH
11.	PARI I. DEAII	H WAS CAUSED BY MMEDIATE CAUSE	(0) ~ 0	Coronary athe	ros	clerosi	s, se	vere.				Set	vera	l yrs
	7, 0	DUE T		Coronary occ			d.							
	itions, if on		[b]	Cardiac hype	rur	орпу								
	rise to immed oling the u		ο,.	Taskomia fil				. 3.5				1		
couse)		Ischemic fib			`					<u> </u>		
S S	PART II, OTH	ER SIGNIFICANT CO	MDITIONS C	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO	THE TERMI	INAL DISEAS	E CONDITION	GIVEN	IN PART	1(a) 19		AUTOPSY RMED?
3												Y	ES 🔀	№ □
I - I	CTERNAL CAU RY OF CON OF DEATH.	SE WAS TRIBUTING []	206. DESCRIE	BE HOW INJURY OCCURRI	ED. (En	ter nature of in	jury in Pori	1 1 or Port II	of item 18.)					
1 2 1	ME OF INJUR	Y Month, Day, 1	4		- PLAC	E OF INJURY (F	lome, farm	20f. (Cit	y or town)		(Coun	ity)		(Stote)
1 By 1	lour g.m.	1	9 Whi	ile Not while or work	ractor	y, street, office	piog., etc.	1						
21, 1	certify the	at I took charg	e of the	remains described	abov	e, held an	Autops	y [x], I	nspection [٦,	Inquiry		and f	find tha
death	h resulted	from: Natura	l causes [X, Accident [],	Suic	ide 🔲, H	omicide	, U	ndetermined	cau	rse 🔲.	·		
ACTUA	AL	1 - 51	XI	2.18		CUITE	EPHCAL EX	A MINIST CO.	1				DATE S	IONED
SIGNA	ATURE	11010		wix)		, מניזאי		(AMINER [_ AŁ EXAMINI						
EXAM	INER'S	7.7 D+4.1		6. 2				EXAMINER Í	_		E /	26/	160	
220 BUIDLAS	CREMATION	W. Ditt		22c. NAME OF CEMETER	V 00 0		WEDS CAL		TION (City, tow			20/		-)
BUTT	VAL (Specify)		50	Rosedale (artins				(State	Va.
	AL DIRECTOR'S			ADDRESS	<u> - Ст</u>	O COT A	24a, REC'I	D BY REGIS			AR'S SIGN	NATUR		VA.
How so		- V2	2,,,	Martinsburg	p W	.Va		AY 31'			w/ S.			

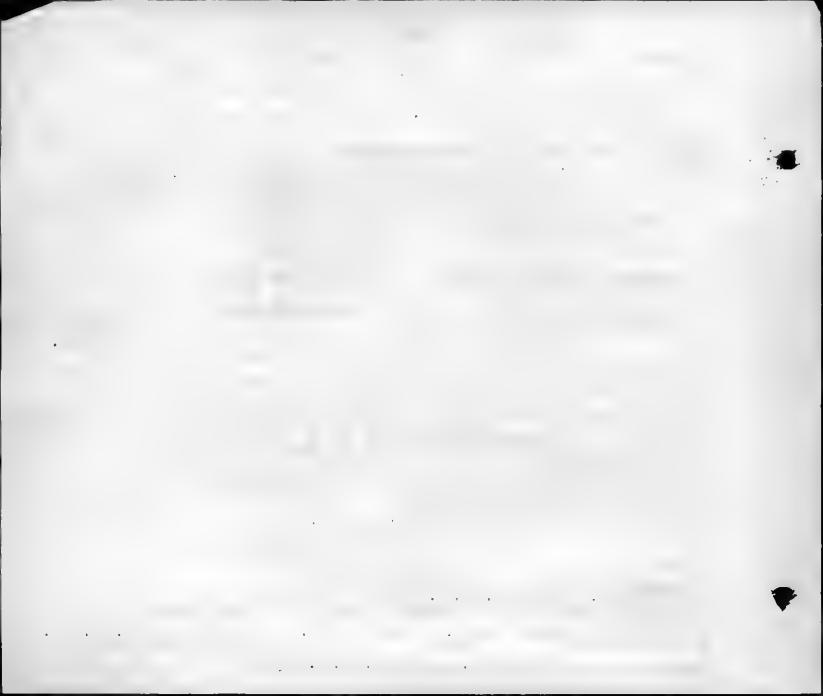


	Ttom 2. See: firth Cent. et	0000								
	Item 2. See: Birth Cert. et CERTIFICATE OF DEATH Reg. Dist. No.	6305								
ge 4	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before	re admissian)								
death. Page and interior is be filed with	o. COUNTY WASHINGTON MARYLAND O. STATE Maryland Maryland Washin									
to ge / i	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nec	arest town)								
	1 HACERSTOWN 10 min. 103 Hacenstown									
		e. IS RESIDENCE ON A FARM?								
and 20 Care	1 2) Wyllawood Dilve	YES NO								
7 -	3. NAME OF First Middle Last 4. DATE Month Do OF DECEASED (Type or print) PETERSON, 4. DATE MAY 13. 1960	•								
ithin 2 Poges	110,7 1.2, 1,700	19 IF UNDER 24 HRS								
> 0	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys WIDOWED DIVORCED May 11, 1960 9. AGE (In years lost birthday) Months Doys	Hours Min,								
complet popers.		F WHAT COUNTRY								
e execut ond com bon papi ir death.	Maryland									
A _ T P	13. FATHER'S NAME									
rtificate k physician move car hours aft	Douglas Haig Morgan Peterson Wanda Yvonne Himes									
phy emo	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, ar unknown) (If yes, give wor or dates of service) (Address									
nding nding him 72	Medical Record									
deo deo		ERVAL BETWEEN								
the death ce the attending Then please a	MMEDIATE CAUSE (o) DUE TO DUE TO	10 min.								
lh had	Conditions, if any, which) the Sumalceriel									
requires that the death certificate an. on. on. on signed by the attending physician sit permit. Then please remove cannot in any every within 72 hours at	gave rise to immediate couse (a), stating the under-									
regis ian. nsit p and	lying couse lost. (c)									
ne low ret physician as been s ial-transit loval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Twin #2 delivered by section 10 10 10 10 10 10 10 1									
F 0- 5 E	Twin #2 delivered by section 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)	YES NO X								
Hendin ificate the bo	OR CONTRIBUTING EJ CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)									
HYSIC or of cert se os tation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. pt. While Not while of work of work of work of work	(State)								
4 2 5 5										
NDING • hospil : Affer ched fo uriof, cl	21. I certify that I attended the deceased from May 11, 1960, 19, ta May 11, 1960, 19, that I last so	aw the deceased								
the	alive on May 11, 1960, 19, and that death occurred at 12:1/1A M, from the causes and an the da	te stated above								
RECTY RECTY Pe do	ACTUAL SIGNATURE 7 & (A OUR) . M.D.	DATE SIGNED								
Ž Š	PHYSICIAN'S F. D. Dove, Jr., M. D. 214 N. Potomac St., Hagerstown.	Md _								
HOSPITON Per Code 3 signal sig	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d IOCATION (CIN. town or CAUSIN)	(Stote)								
HOS D FUN Pooge	Gremation 5/12/60 Wash. Co. Hospital Lab. Hagerstown, Wash. Co.									
O E O ⊕ E	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	RE								
15M 9/55	JOSA Cather S. Kin	una .								
1/000 0/20	2 2 8/20/XV0									



certificate

death







06305

L	0004			000	
	1. PLACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who a STATE Marvland	ere deceased lived. If institution: b. COUNTY Washingto	
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside carporate limits, write RUR	
	Hagerstown	15 Hr	Hager	stown	
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	aash County Hospital		101 80 Pc	tomac_St	YES NO.
	3. NAME OF DECEASED (Type or print) NELLIE MA)	Middle REEDER-H	Lost [AMBURG	4. DATE Month OF DEATH WAY 22	1960 19
	S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HR
	- O MADE O 1 MILE UL	ED DIVORCED	May 5 188	32 78 yrs	Months Days Hours Min.
	10a USJA, OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDUS			12 CITIZEN OF WHAT COUNTRY
	Housewife	Own Home	Hopros W	ash Co Md.	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Daniel Longanecker		Martha		19.1
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) [If yes, give war or dates of service;		IFORMANT CO.	Address	_ ======
	No 2	319-12-0104 T	headore G.	Reeder 1107	Orchard Hill
	18. CAUSE OF DEATH [Enter only one cause per I	ine far (a), (b), and (c)-]	Hagerstow	n Md.	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY Mark Mark	acute p	ulm mary	Edema	Ihour
	DUE TO	U			
	Canditians, if any, which)	has timping	Carden-	Vascular de	elene
	gave rise to immediate				
	tuice course last				
	, (4)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMS	NAL DISEASE CONDITION GIVEN	I IN PART 1(a) 19, WAS AUTOPS
)	PART II OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING 20b DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING 1 20b DES OF CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	ort (ar Part II of item 18.)	
	3 20c. TIME OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Hame, farm,		(Caunty) (Stat
	20c. TIME OF INJURY Manth, Day, Year 20d. While p m. 19 at wo	INDI WOILE	ctary, street, affice bldg., etc.)	
	21 1 certify that (1) (this haspital) attention		may 22 19	611 to may 22	., 1960, that (I) (we) to
	saw the deceased alive on Mry 2		//	1/	on the date stated above
	22a. SIGNATURE			,	22b DATE
14	1 Jan V. Turco			D. STAFF	5-25IGNE
	MANE (Type) JOHN D-TO	RCO	302 N. G	OTOMAL ST !	HAGERSTOWN, H
	230 BURIAL CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY	23d LOCATION (City, tawn, ar	caunty) (State)
	Burial 5/24/60	Rose Hill	Cemeterv	H-agerstown	Wash Co Md
	24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 1.7			RAR'S SIGNATURE
	Andrew K. Coffman Ha	garatown lid	DATE MA	Y 26 '60 Out	we & Kensell

TO HOSPIJAL OR ATTENDING FIRTSICIAN: The law requires that the death criticale be executed within 24 ms after death. Page 4 may be fined by the haspital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



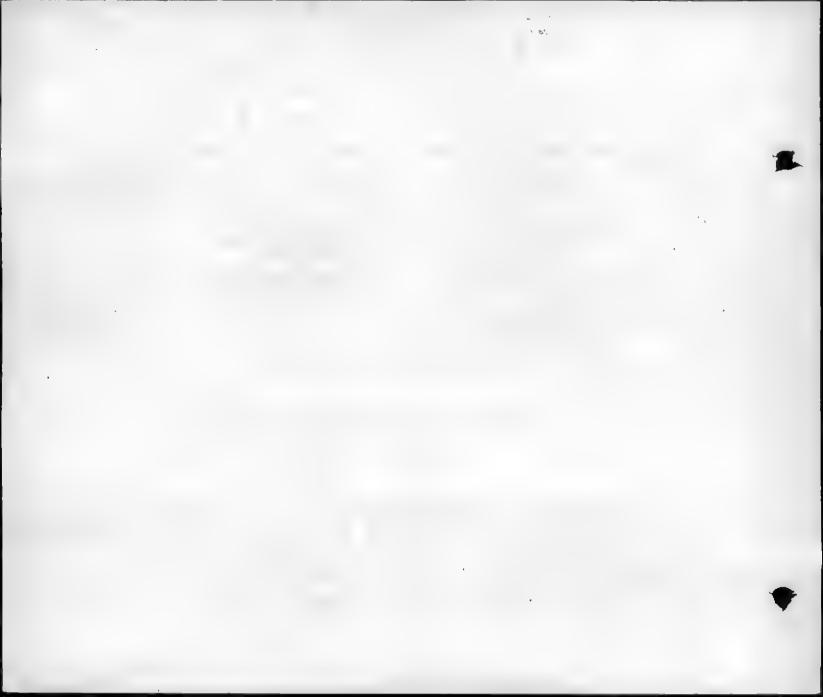
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTICIC ATE OF DEATH

06306

	5825	tem rings	64 6-6-00 et					
1	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived. If					
	WASHINGTON	MARYLAND	O. STATE b. C	WASH INCTUIN				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits,					
L	HAGERSTOWN	ONE WEEK	WHITE H	ALL-KURAL				
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	_	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES IV NO				
-		SPITAL	I HACERSTOWN MD. I	<u> </u>				
3.	NAME OF First DECEASED (Type or print)	Middle	Lost 4. DATE OF DEATH AS A	Month Day Yeor				
-	LIVILE WITH		CEOE IVE	Wears IF UNDER 1 YEAR IF UNDER 24 HRS				
2.	1		B. DATE OF BIRTH 9 AGE (I					
1	EMALE WHITE WIDOW D. JSUAL OCCUPATION (Give kind of work done 10b.		JSTRY 11, BIRTHPLACE (Stote or fareign country)	12 CITIZEN OF WHAT COUNTRY?				
1 tut	during most of working life, even if retired)		1 7 7 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(4 C				
13.	HOUSE WIFE	OWN FLONIE	14. MOTHER'S MAIDEN NAME	Y'S A				
	MEGIEN GOGT	1 10	FILIZABETH	Pares				
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	NFORMANT	Address				
∄Ye	s, no, or waknown) [If yes, give wor or dates of service]		APR PARA ST ST	H 0 0 = 000 000 0				
=	No		IRS. KALPH STOTLER	HAGERSTOWN MOR.				
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY:	bral Hemorr	lage	7 days				
	DUE TO							
П	Conditions, if ony, which) Generalized Arteriosclerosis							
	gove rise to immediate DUE TO							
	lying couse lost.							
Z		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART I(0) 19. WAS AUTOPSY				
CERTIFICATION				PERFORMED? YES NO				
TEK	20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port I or Port II of item	1B.)				
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
18	20c TIME OF INJURY Month, Doy, Year 20d. I	NJURY OCCURRED 20s. P	LACE OF INJURY (Hame, farm, 20f. (City or town)	(County) (Slote)				
MEDICAL	Hour o.m. While of wo	IAOI AUIII6	octory, street, office bldg., etc.)					
2	F1 100	0 0	11/70 2057 : 5/05	7 1050 4 1111				
	21 I certify that (I) (this haspital) attends saw the deceased alive an 5/26	_		7, 19.5Q, that (I) (we) last				
	220 SIGMRTURE	(20.0. / and that	death accurred at 3: 500 from the cau	22b. DATE				
	Charles L 4/0	1	M.D. PHYS.	D 5/27/50 SIGNED				
	22c PHYSICIAN'S NAME (Type)		22d. ADDRESS	11 = 11 7 7				
	Charles F. Hes	38	Sithsours Md					
	BUR AL, CREMATION 236, DATE THEREOF	23c NAME OF CEMETERY		, town, or county) (State)				
,	DORIA MIAVIZ9 1966	BEAVER ORFI	CIC OF METERY BEAVER C	PERIL WASHICA MP.				
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		SE REGISTRAR S SIGNATURE				
	plures bail 13.	ODNISBOIRD	MD · DATELIN 1 '60	72-24				

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

Months

IS RESIDENCE

ON A FARM?

YES NO

19

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

H.S.A

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(Stote)

DATE SIGNED

(State)

MD.

arthur S. Kraus

Days

(County)

death certificate VS A1S (4)

15M 9/SB



10/-TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ars after death. Page 4 may be ined by the hospital or attending physician.

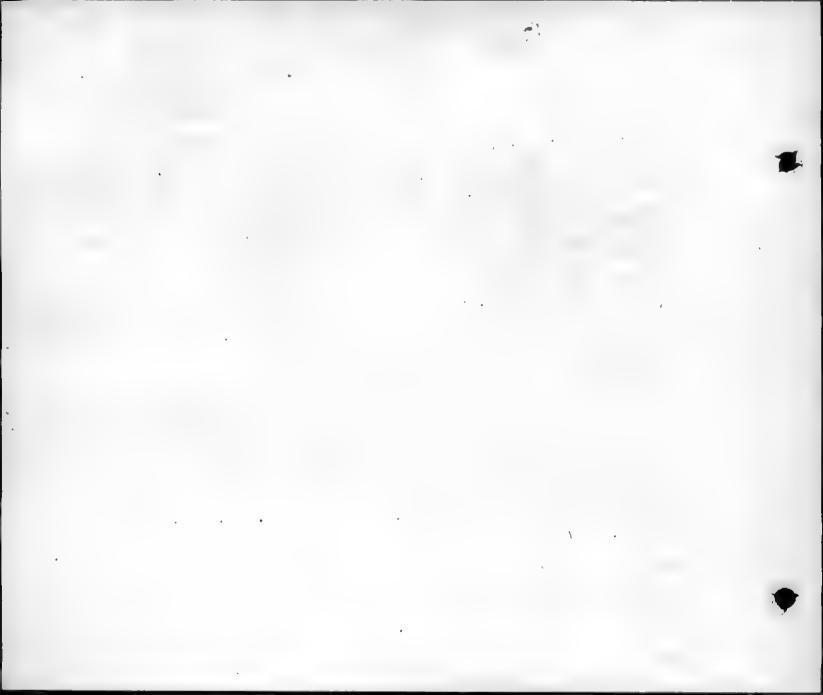
TO FUNERAX DIRECTOR: After this certificate has been signed by the ottending physician and completely filled it by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, or removol, and in any event, within 2 hours after death.

VR A1S (4) 1SM 9/59

	-	
M	1. I	PLACE OF COUNT
	ŀ	RURAL C
7)		OR INS
	3	NAME OF DECEASED Type or p
	5. 9	EX
		Male
		. USUAL C
		etire
	13.	FATHER'S
ン	15. (Yes	WAS DEC
		no
		18. CAU
		P.
		/
		Condit
		gove (
		lying co
gar.	N	P
0	ATK	
	TIFIC	20a ACC OR CON (IF EITHE
	MEDICAL CERTIFICAT	
	CA	20c. TIME Ho
	MEC	110
		21 ce
- /		saw the
-{		22o. SIGI
		22c. PHY:
		14744
	2 3a	BJRIAL,

	PLACE OF DEATH				o. STATE		ere deceased live	ed. If institution	on Residence be	fore admission	n)
		shington		MILIONS	M	aryla	md		Washi	ngton	
ŀ	 CITY OR TOWN (If RURAL and give need 	outside corporate limits, wri	te c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	o II) NWC	utside corporate	limits, write R	URAL and give r	earest town)	
	Hagersto		25 year	g	and age	Has	erstown				
	. NAME OF HOSPITA	AL (If not in hospital, give st			d. STREET AL					e. IS RESID	ENCE
	OR INSTITUTION	Nursing Home			Hamilt	on Ho	tel			YES T	
_										-	
- 1	NAME OF DECEASED (Type or print)	CHARLES	Midd	lle •	RIFE		4. DATE OF DEATH	May		Day Yes	60
. 5	SEX	6. COLOR OR RACE 7. A	ARRIED NEVER MAR	RIED 🔲 8	. DATE OF BIRTH		9. A	GE (In years	IF UNDER 1 YEA		
	Malu	White WID	OWED I	CED 🔲	Septembe	r 5.	1869 "	90 yrs.	Months Days	Hours	Min.
0a	. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS	OR INDUST	TRY 11. BIRTHPLA	CE (Stote	or foreign countr	y)	12. CITIZEN	OF WHAT CO	UNTR
R	during most of worki	ing life, even if retired) ght Conducto	Railroad		Now	dah	Most Veni	le.		T C A	
	FATHER'S NAME	gite conductor	TATLI OAC		14. MOTHER'S		New Yor	D _b	L	J.S.A.	
٧.	• • • • • • • • • • • • • • • • • • • •	khown			14. MOTHER 3	unkr					
c		IN U. S. ARMED FORCES?	16. SOCIAL SECURITY N	O 117 IMS	FORMANT	GHIKI	IOWII	Add			
		If you, give wor or dates of service)	IO. SOCIAL SECURITY								
	no			M	r. Elmer	Rife		Ridgef:	ield, Ne	w Jers	ey
	18. CAUSE OF DEA	TH [Enter only one couse p	er line for (o), (b), and (c).]					1	NTERVAL BETV	WEEN
	PART I. DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Carcinoma	of L	iver.					Unknor	
	156	DUE TO									
	Conditions, if an	. /									
	gove rise to in	mediate									
	couse (a), stating t										
	lying couse lost.	(c)								,	
5	PART II. OTH	ER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO I	EATH BUT N	NOT RELATED TO	THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1(o)	19. WAS AU PERFORA	JTOPS' MED?
5			None.							YES 🔲	
EKIIF	20d ACCIDENT WAS	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY	OCCURRED.	. (Enter nature of	injury in f	Part I or Part II o	f stem 18.)			
או כ י	20c. TIME OF INJURY			ino mil	CC 05 11 11 15 11 11		000 100			-	1.00
	Hour o. m.		d. INJURY OCCURRED hile Not white		CE OF INJURY (I- ory, street, office			awaj	(Count	y)	(5101
ž	p. m.		work ot work				į				
	21 certify that	t (1) (this hospital) att	ended the decease	d from	March 1	9. 19	69 to Ma	v 19	1960	that (I) (w	e) la
		ed alive an May	18 19 60 ar								
	22o. SIGNATURE		The state of the s	id that de	dill decorred	UPO_A	,ive, irom the	cuoses ui		22b. I	DATE
		Majo	Dell	M	ATTENDING	de de		TAFF HYS.	5	-20-6	SIGNE
	22c. PHYS CIAN'S NAME (Type)	10 A D-77	- 1		22d. ADDRE	ss119	North	Potom	ac Str	eet	
	11/10/	R.A.Bell,	M.D.			Hage	rstown	Mar	yland.		
30	BURIAL, CREMATION	N, 23b DATE THEREOF	23c NAME OF CE	METERY OR	CREMATORY		23d LOCATION			(State)	
	REMOVAL (Specify)	5/23/1960	Woodlawr				Elmin				
4		21 -21 -1 -1		r octue	oer A	250 PEC 1	D BY REGISTRAR	-	New You		
S		zer Funeral F	lome Hagers	town.	Md.						
//	teenfilm	1-022562	*** Per e		2 20 A	DATE	AY 23 '60		irthur S. F.	raile	





06310

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 Yours after death. Page 4 may the his partial or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, an remavol, and in any event, within 22 hours often death. VR A15 (4) ISM 9/59

М	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where do. STATE	leceased lived. If institution: Resid	dence before admission)
/	WAShington	MARYLAND	MARYLAND	6. COUNTY	nation
		LENGTH OF STAY IN 16		e corparate limits, write RURAL on	
	Williamsport	3 Weeks	HAgerstown		
,	d NAME OF HOSPITAL (If not in hospital, give street addr OR INSTITUTION	ress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Williamsport Sanitario	11	Koute#3		YES NO
	3 NAME OF _ First	Middle		DATE Month	Doy Year
	(Type or print) Charles	Henry 5	2 .	OF DEATH >77 @	12 1960
			DATE OF BIRTH		ER TYEAR IF UNDER 24 HRS.
	male white WIDOWED !		may 4 1883	- lost birthday) Months	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIN	D OF BUSINESS OR INDUST	RY 1 / BIRTHPLACE (Stole or fo	reign country) 12 C	ITIZEN OF WHAT COUNTRY?
V	during most of working life, even if retired)	arming	MARILAN	1	
)	Retired Farmer F	gr.mrife	14. MOTHER'S MAIDEN NAME	~	
/	U C C.1 1		·¬ /	,	
	Sleorge C. Schamel	THE STOUDING TO BE	Mary (<u>ushen</u>	
	(Yes, no, or unknown) [If yes, give war or dates of service]		ORMANT	Address	Md.
	_ No 218	-30-9672 Wi	nfield M Sch	namel Rural 3	Hagerstown
	18. CAUSE OF DEATH [Enter only one couse per line for	or (o), (b), and (c).]			INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	- Kurrea	Vin du	Maration	17-00
	DUE TO		1/	140010	100-9
	Conditions, if ony, which)	/	1		
	gove rise to immediate				
	lying cours lot				•
	, (c)	TRIBUTING TO DEATH BUT N	OT BELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN R	ART 1(a) 19 WAS AUTOPSY
	E STREET STREET STREET CONDITIONS CON	TRIBUTING TO DEATH BUT IN	OF RELATED TO THE TERMINAL	DISEASE COMPINION GIVEN IN F	PERFORMED?
				0 . H C . 10 .	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	E HOW INJURY OCCURRED	(Enter noture of injury in Port	or Port II of item 18 }	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJUR	RY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 20	Of. (City or town)	(County) (State)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o. m. 19 of work □	INDI WINIE	ery, street, office blets., etc.)	01	
	p. m.	OI WOIK	16/1/0	1011	•
	21 I certify that (I) (this haspitel) attended	the deceased fram	11/6019	10-5-14-60	, that (I) (we) last
	saw the deceased alive and	_19, and that de	ath accurred at SO M.	from the causes and an t	the date stated above.
	220 SIGNATURE	_	ATTENIDING AUTO	FTAFE	22b DATE SIGNED
	Lexin-Cour	A. M.	D PHYS. MED. DIRECT	OR PHYS	
	224 PHYSICIAN'S NAME (Type)		22d. ADDRESS		
			Williamsp	ort Md.	
	Ralth Young			341-UBILL &	
	23a BURIAL, CREMATION, 23b, DATE THEREOF / 23	& NAME OF CEMETERY OR		LOCATION (City town, or county	y) (Stote)
	230 BURIAL, CREMATION, 23b. DATE THEREOF 23		CREMATORY 23d	LOCATION (City town, or county	No ale i metron 11
	230 BURIAL, CREMATION, 23b. DATE THEREOF 23	RECT LEWN C	crematory 23d	LOCATION (City town, or county	No ale i metron 11
	23a Burial, CREMATION, REMOVAL (Specify) Burial 5.15.60 G	reen Lawn C	CREMATORY 23d	LOCATION (City town, or county	Vashington Mosignature



VR ATS (4) TSM 9/59

		0325	CERTIFIC	ATE	OF DEATH				-	
1	PLACE OF DEATH o. COUNTY WAS	HINGTON	MARYLAN	D 2.	USUAL RESIDENCE (WO. STATE MARYLAN	here deceased	lived. If institute b. COUNTY	on Residence WASHI	NGTON	n)
	b. CITY OR TOWN (I RURAL and give ne HAGERS	f autside corporate limits, write sorest town) TINW N	c. LENGTH OF STAY IN 1	ь ×	BIG SPRI	autside carpor	ote limits, write R	URAL ond giv	e negrest town)	
	d NAME OF HOSPIT OR INSTITUTION WASHINGT	'AL (If not in haspito!, give street	oddress)	1	d. STREET ADDRESS NONE				e. IS RESID ON A F YES	ARM?
3.	NAME OF DECEASED (Type or print)	First HARRY	MASTER	S	SCHNEBLY	4. DATE OF DEATH	MAY	th	Doy Ye 12 19	60
\$.	MALE	6. COLOR OR RACE 7. MARE WHITE WIDOW	NEVER MARRIED C		ATE OF BIRTH BB. 16, 18		9. AGE (In years lost by thiday) yrs		YEAR IF UNDER	24 HRS Min
100	n. USUAL OCCUPATION during most of work	DN (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OF IN	R	WASHINGT	ON CO			NOFWHATCO	DUNTRY?
13.	JACOB	SCHNEBLY		1	4. MOTHER'S MAIDEN I		ON ROWI	AND		
		(If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17	7. INFO	rmant RS GUY AN	IGLE	Add BIG		NG, MI).
		DUE TO ny, which mmediate the under DUE TO	NUEMONIA, 1	, CI					UNKI	DEATH
CERTIFICATION	lying cause lost. PART II. OTI-	(c) ART HER SIGNIFICANT CONDITIONS OF RACTURE, HIP	RIGHT APR	BLT NO	T RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	/EN IN PART 1		MED?
MED CAL CERTIF	20c. TIME OF INJUR	MEDICAL EXAMINER) FE Y Month, Day, Year 20d II	NJURY OCCURRED 20e.	AF PLACE factory	OF INJURY (Home, form, street, office bldg , etc.)	60 m. 20f. (City	or town)	•	unity)	(Stole)
IWI	21 I certify the	APR 24 19 60 of wor at (1) (this haspital) attended alive an MAX 12			h accurred die 50	2 <u>6</u> 0, to _		, 196	date stated 22b.	re) last
23	o. BURIAL, CREMATIO REMOVAL (Specify)	ARCHIE ROBERT ON, 235 DATE THEREOF MAY 14. 1960	23c NAME OF CEMETER	_		23d. LOCAT	TING, MAR	or caunly)	(Stote	
1	FINERAL DIRECTOR	S SIGNAPLE CLEAR	ADDRESS	D.	250. REC	MAY 16		STRAR'S SIGN		

51 Y

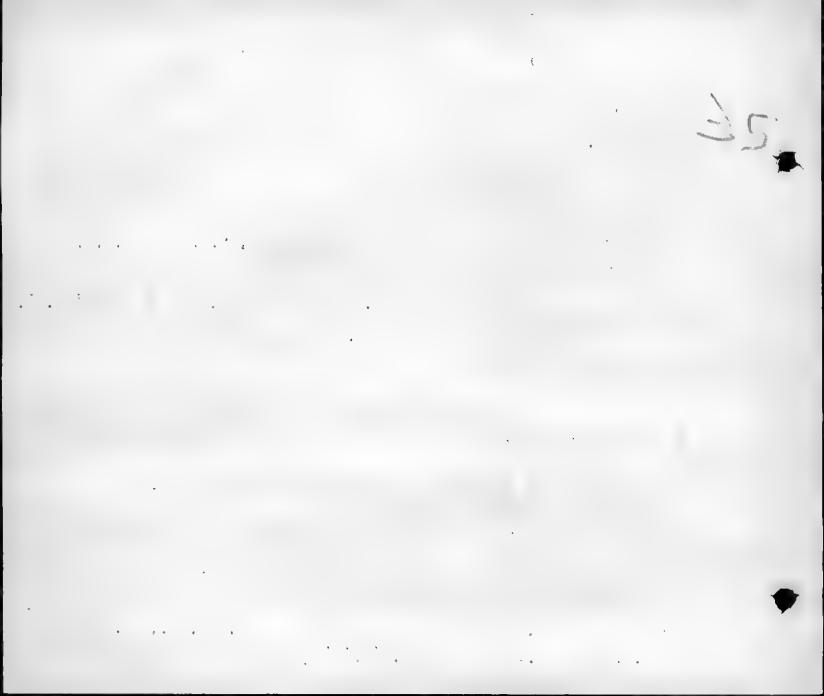
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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06312

1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (V		institution: Residence befo	ore admission)		
	ngton	MARYLAND	Md	Ь. С	Montgomer	rw /		
b. CITY OR TOWN (If outsite RURAL and give nearest to	de corporote limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If	fautside corporate limits,	write RURAL and give ne	earest fown)		
Hagersto		9 mo	Silver	Spring	15			
d NAME OF HOSPITAL (IF	nat in haspital, give stree	t address)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?		
Western Md.	State Hos	pital	10009 Gre	enock Roa	d	YES NO		
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month D	Year Year		
(Type or print)	1-404	Clarke .	Seavers		May 31	1960		
	OLOR OR RACE 7 MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (II	n year F UNDER I YEAT			
female w	hite widow	VED DIVORCED	7/18/1900		O yrs Months Doys	Hours Min.		
10a. USUAL OCCUPATION (Gi during most of working lif	ve kind of work dane 10t	. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State			F WHAT COUNTRY?		
homemaker	.,		Washing	gton, D.C.	U.S.	.A		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
John Overto	n Clarke		Mary Ell	Len Stokes				
15. WAS DECEASED EVER IN L	I. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17	INFORMANT		Address Was	sh. D.C.		
no		no Mr	s.Edward St	tafford, 38	18 Garris	sh, D.C. on St. N.		
1B. CAUSE OF DEATH [Enter only one couse per	- 0 4 4	1		INT	TERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: FIbrinous perient diffs 10 days								
DUE TO								
Conditions, It ony,		mpyema,	1eft			100045		
gove rise to immed couse (a), stating the un	iote (3					
lying cause lost	(c)	obular pine	UMONTA,	bilatera	6 1	14 days		
PART II. OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE CONDIT	ON GIVEN IN PART 1(6)	19. WAS AUTOPSY PERFORMED?		
PART II. OTHER SIG			Diahetes Mell			YES NO		
200. ACC DENT WAS UNION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION MEDICAL CONTRIBUTION CONT	DERLYING [] 206 DE AUSE OF DEATH CAL EXAMINER:	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	n Port I or Port I of item	18.)			
		INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, fo	rm. 20f. (City or town)	{County	(State)		
Hour o.m.	Whil	e Not while	foctory, street, office bldg , e	etc.)	(was in	, (5.2.2)		
	·· gi wi	ork at work	Kant 21	- 607 11004	31			
21 I certify that (1)	(this hospital) after	ided the deceased from			3/, 1960, 1			
saw the deceased of	nive on 11 14 9	219@Q, and that	death occurred of	M, from the cou	ses and on the dat	e stated above. 22b,DATE		
22d. SIGNATURE	The For f	. Lamas	M.D. ATTENDING	MED STAFF	a me	SIGNED SIGNED		
22c. PHYSICIAN'S		-	22d. ADDRESS	DIRECTOR EJ 11113		1 -1,11-0		
NAME (Type)	TOR L. A	Ramos	western	md. Stak 1th	ospital Hage	rstown, ma		
	b. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City	, town, or caunty]	(Stote)		
REMOVAL (Specify)	une 2,196				Co. Mary			
24 FUNERAL DIRECTOR'S SIGN	NATURE	ADDRESS Wash			b. REGISTRAR'S SIGNATU			
The S.H.Hir	es Co29	01 14th St.!	W. DATEL	UN 1 '60	Outling & Kra	and a		



Brownsy 177 Fayette

Day REGISTRAR 245. REGISTRAR'S SIGNATURE

AY 24'60 Callung & Thomas

24o. REC'D BY REGISTRAR MAY 24 '60

	6331 CERTIFICA	ATE OF DEATH	Reg. Dist.	No.
1.	o. COUNTY WAShington Comity MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give georesties of TOWN C. LENGTH OF STAY IN 1b	C CITY OR TOWN (If autside core	porate limits, write RURAL and give	nearest town]
	d. NAME OF HOSPITAL (If hol in hospital, give street oddress) OR INSTITUTION Witchest Try County 1 Jany.	1 Church	54.	e. IS RESIDENCE ON A FARM? YES NO 12
3.	NAME OF DECEASED (Type or print) NAMES DONALL SE	Lel Jr. 4. DATE OF DEAT	Month 5	Day Year 1960
	M WIDOWED □ DIVORCED □	B. DATE OF BIRTH	last birthday) Manths Da	EAR IF UNDER 24 HPS. ys Hours Min
	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	OAKIANL, N	country) 12. CITIZE	N OF WHAT COUNTRY
L	FATHER'S NAME THES DOUBLE Scibel	14. MOTHER'S MAIDEN NAME DELG YES A	11 < N	
15. Y-	is. no. or unknown] [If yes, give war or dates of service]	4ther	Address Meove	
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	heukenin, rea-		NTERVAL BETWEEN ONSET AND DEATH HMOS
	Canditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last. (b) DUE TO (c)			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 16	19, WAS AUTOPSY PERFORMED? YES NO X
	206. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I or Pa	ort II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 4 fac 4 work 19 at work 19 at work 19	ACE OF INJURY (Home, form, 20f. (Citary, street, affice bldg., etc.)	ly or tawn) (Cour	nty) (State)
	21. I certify that I attended the deceased from 2/13 alive on 5/19, 19 60, and that death	occurred at 7. P. M. fro	2, 19.6.2., that I last om the causes and on the Street, city or town, state)	t saw the deceased date stated above.
	ACTUAL SIGNATURE STATE OF THE SIGNATURE STATE STATE STATE OF THE SIGNATURE STATE	M.D. 101 KINE	Street	5/19/00
	NAME (Type) AICH HES 11. YOUNG	1theres tha	3. Md.	
1"	o. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL Specify 5.23.60 St Peters Ca		ATION (City, town, or county)	(Stote)

Peters Catholic

ADDRESS

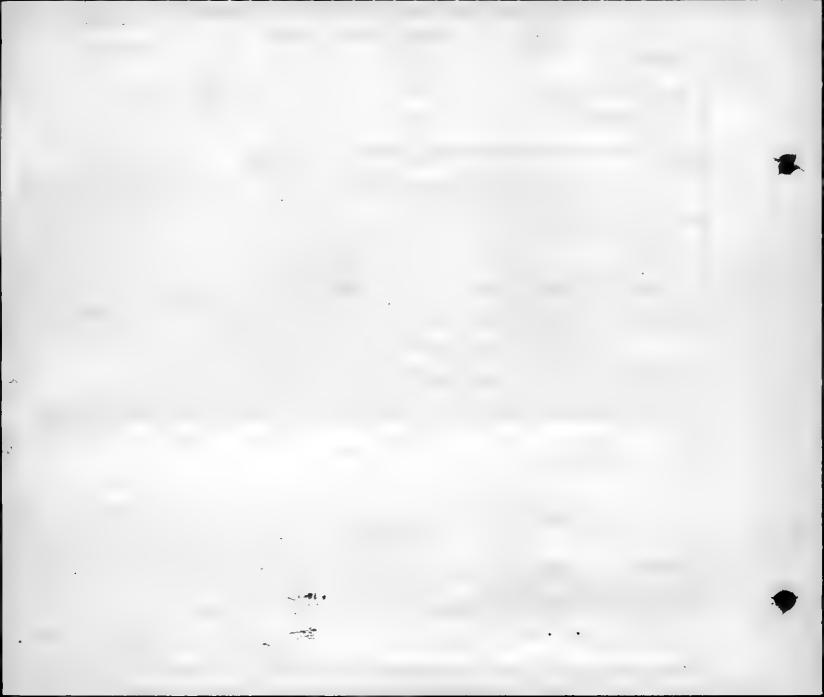
TO FUI

haurs after death. the funeral

requires that the death certificate be executed within 24

gned by the attending physician and complete permit. Then please remove carbon papers. in any event within 72 hours after death.

er this certificate has been signed by the far use as the burial-transit permit. Then



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06314

1 PLACE OF DEATH o. COUNTY MARYLAND 1 PLACE OF DEATH O. STATE b. CQUNTY b. CQUNTY	Residence before admission)
VYASTINGTON TVIAKYLAND VVAS	HIVGTON
b CITY OR TOWN (If autside carporate limits write RUR/ RURAL and give nearest town)	AL and give nearest town)
	RAL
d. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
DAY ROAD PAY ROAD	YES NO A
3 NAME OF DECEASED First Middle Lost 4. DATE Month OF	Day Year
(Type or print) RUSSELL CLOSEPH SHANK DEATH MAU. 2	3 1960
A COLON ON WHEEL WARRIED I LOS BLACK WARRIED I	UNDER 1 YEAR IF UNDER 24 HRS
MALIS WHITE WIDOWED DIVORCED NOV. 9-1892 67 70	Aapths Days, Haurs Min.
10a USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote ar foreign country) during most of working life, even if retired)	12 CITIZEN OF WHAT COUNTRY?
RETIRED EMPLOYE UF. WASH. CO. SCHOOLBUARD CLEARSPICING WASH, CO	MOUSA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
OLDHN BISHANK REBERGA MUE	12.5
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address	\$
1 (15 s. no, or unknown) (1 f yes, give wor or dates of service) 220-16-3379 MRS, MYREE SHANK DAY ROA	O. HAGERSTOWNING
1B CAUSE OF DEATH [Enter only one cause per line for (a). (b)-and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Oh SIN 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CARE CONSET AND DEATH
IMMEDIATE CAUSE (o) CO	Juce 19 - 19 4
DUE TO	
Canditions, if any, which (b)	
cause (a), stating the under. DUE TO	
lying couse lost.) (c)	I IN CART II I I I WAS AUTORSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
V U	YES NO Z
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIB	YES NO IZ
	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work of twork of two twork of two	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work of work to the deceased from 20e. PLACE OF INJURY (Home, form, 20f. (City or fawn) factory, street, office bldg., etc.) 21 certify that (i) (this haspital) attended the deceased from 20e. 19 (00 to 70e.)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work of work to the deceased from 20e. PLACE OF INJURY (Home, form, 20f. (City or fawn) factory, street, office bldg., etc.) 21 certify that (i) (this haspital) attended the deceased from 20e. 19 (00 to 70e.)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work of wo	(County) (State) . 1960 that (I) (we) last on the date stated abave
20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While of work of work 21 Certify that (i) (this haspital) attended the deceased from 220 FLATER ATTENDING PHYS. 21 ATTENDING PHYSICIAN'S 22d. ADDRESS	(County) (State) . 1960 that (I) (we) last on the date stated abave
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work of wo	(Caunty) (State) . 1960 that (I) (we) last on the date stated above
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work	(Caunty) (State) 1900 that (I) (we) last an the date stated abave 226 DATE SIGNED 5-24-60
20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While of work of twork of two twork of two two the deceased alive an Not while of work of two two the deceased alive an Not of two	(County) (State) 1960 that (I) (we) last an the date stated above 22to DATE 5-2 4-60 Caunty) (State)
20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While of work of wore work of	(County) (State) 1960 that (I) (we) last an the date stated abave 22b DATE 5-2 4-60

TO HOSPINAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2 for use offer death. Page 4 may a fined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the othending pllysician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fired with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death. VR A18 (4) 15M 9/59

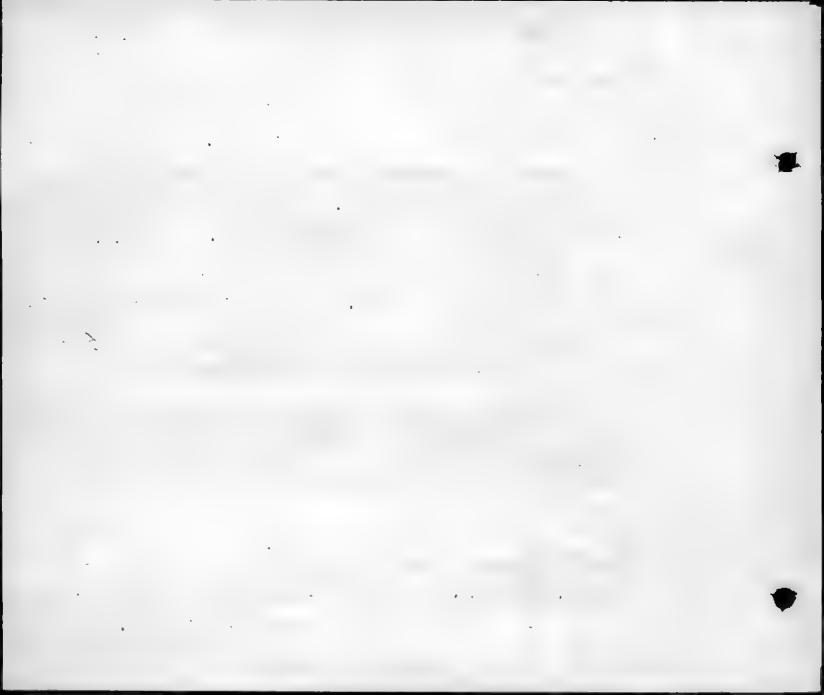
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

06315

	2000	CERTIFICAT	E OF DEATH		(, 0 0
1. [PLACE OF DEATH				on: Residence before admission)
	Washington	MARYLAND	o. STATE Marylan	F COUNTY	Washington
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	N. A.		URAL and give nearest town)
]	dagerstown	2 weeks	X Downsvil	le	
(OR INSTITUTION In hospital, give street		d. STREET ADDRESS		e. IS RESIDENCE ON A FARMZ
We	ashington County Hosp	oital	Downsvill	e Md.	YES NO.X
3. 1	NAME OF First	Middle	F5 - B	DATE Mon	th Day Year
(Type or print) Dalile	Elizabeth		DEATH May	25 1960
5 5	777740		DATE OF BIRTH	9. AGE (in years last birthday)	Months Days Hours Min
_	emale White widow		Jan. 23 1877	83 yrs	4 1
, Oo	. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	Downsvill		12 CITIZEN OF WHAT COUNTRY
_	TOMBOUTTO	ОЩЕ			U.S.A
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAMI	-	
	Andrew Bowers		Maggie	Lynch	
ξχαι 2 *	no or utiknown) If yes, give war or dates of servicer			Add	
			s. Roy Shank	K MITTISMS	
	IB CAUSE OF DEATH Enter only one cause per li				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	cute card	iac arre	• 1	Zmw
	1/3 2 0 DUE TO -		Α .		
	700,0		A K		5 5000
	Canditions, a any, which (b)	enew 163	eg ANE	TO 3 Chee	24 07-3
	cause (a), stating the under-				/
	lying cause last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMEDS
S	Cerebral Ude	SCUIBL 40	cident		YES NO I
RTIF	20g. ACCIDENT WAS UNDERLYING [] CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	For Part II of item 18.)	
- I	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
ICAI		E-m4	CE OF INJURY (Home, farm, 2	Of. (City or town)	(County) (State
MEDICAL	Hour a.m. While at wor	while	ory, since, office blog , erc.)		
	21 I certify that (I) (this haspital) attend	ded the deceased from	8-19 10 50	9 to K-2h	19 60 that (I) (wa) las
	sow the deceased olive on 5-24.				id on the date stated above
	22a. SIGNATURE	A A	an occorred and a gray,	Trom the couses of	22b DATE
	mara	B. to	D PHYS MED DIRECT	TOR PHYS	5-27-60 S GNE
	22c PHYSICIAN'S		22d. ADDRESS		7 - 1 00
	Max E. Byrkit,	M.D.	28 W. Potoma	ac St Wil	Lliamsport, Md
23a		23c. NAME OF CEMETERY OR	CREMATORY 23d	LOCATION (City, town,	
-	BELLOUILE BELLEGI				(0.0.0)
1	Burial May 28-60	Bakersville	Cemetery B	akersville	Md.
	Burial May 28-60 FUNERAL DIRECTOR'S SIGNATURE	Bakersville	Cemetery B		STRAR'S SIGNATURE

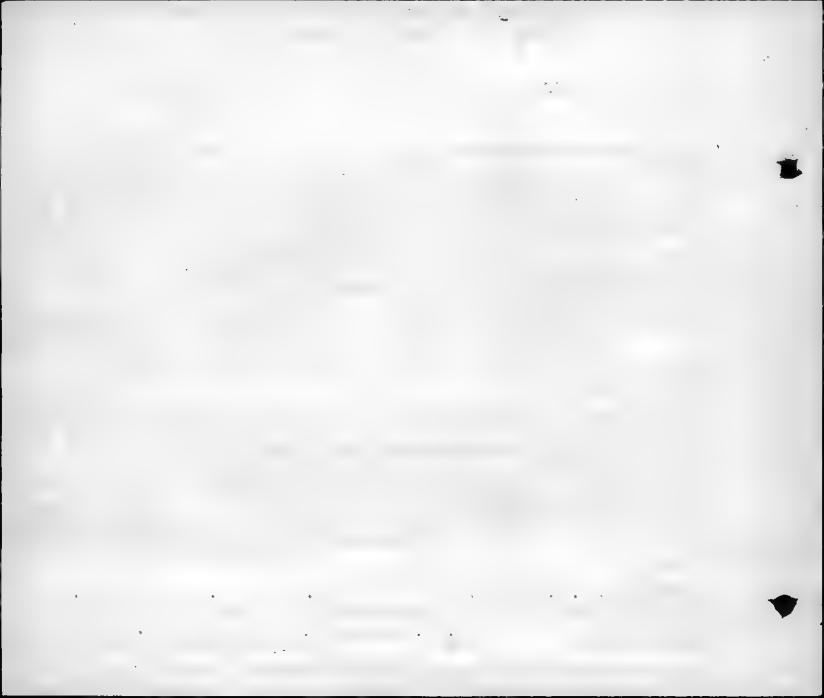
TO HOSPITAL BRATTENDING FIRTS AND The last against that the disast certificate be executed within 2. The respect of the hospital or attending may be may be noted by the hospital or attending may be noted by the hospital or attending may be noted by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon appears. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, or remayal, and it any event, within 72 holys after death. in 72 hayrs after death.

VR A15 (4) 15M 9/59



3			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
n ga/			6362 CERTIFICATE OF DEATH Reg. Dist. No. 316
M) }		PLACE OF DEATH a. COUNTY WAS h. MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY FARE A. STATE A. STATE A. COUNTY B. COUNTY C. COUNTY C
e funeral could be			b. CTT, OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest flown) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
by the	10		of HAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION OR HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR HOSPITAL (IF not in haspital, give street address) OR INSTITUTION OR HOSPITAL (IF not in haspital, give street address)
filled In			NAME OF DECEASED (Type or print) Maggiero C. Middle Shindle 4. DATE OF DEATH May 4 19 60
ed with pretely ers. Po		5. 5	WIDOWED DIVORCED 4/28/1877 Stribbirthdoy) Months Days Hours Min.
execution and company on paper death,			during most of working life, even if retired) WE ROLLER OF WHAT COUNTRY? TO USE ROLLER LONG WE ROLLER TO WE TO WE TO WHAT COUNTRY? LONG TO WE TO WE TO WHAT COUNTRY?
riffcate be physician ar mave carbo hours after			Evernal Schaff Margaret Gearhart
ath certifica nding physic ease remove hin 72 hours	I).	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. TO INFORMANT Ship of Unity per give wor or doring of service) (1. per give wor or doring of service) (1. per give wor or doring of service) (1. per give wor or doring of service)
the dear			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CAUSED A CAUSED A CAUSED A CAUSED A CAUSED IMMEDIATE CAUSE (a) CAUSED A CAUSED A CAUSED A CAUSED IMMEDIATE CAUSE (a) CAUSED A CAU
es that ed by th mit. The			Conditions, it any, which (b) Osberin selectic Carelie les when Desir la years
ion.		7	tring cause last. (c) De to Unkerses (d) De to Unkerses (e) De to Unkerses
The log physic has bee vrial-tra maval,	b	PICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
ctAN: trending trificate s the bu		AL CERTI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Port II of item 1B.)
physical properties of this certain properties of the certain properti		MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While Nat while of wark at war
the hospine to the ho	AB 1		21. I certify that I attended the deceased from O. H., 1954, to May 4, 1960, that I last saw the deceased alive an May 4, 1960, that I last saw the deceased alive an May 4, 1960, and that death accurred at 6:55 M, from the causes and on the date stated above.
B ATTI	1		ACTUAL SIGNATURE / Solvet A
OSPITAL O			PHYSICIAN'S Robert A. KIEFER, UD.
may by FUN by Poge 3			BORTA). CREMATION. 226, DATE/THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county). STOCK OF CEMETERY OR CREMATORY COUNTY (SHOW). STOCK OF CEMETERY OF CREMATORY COUNTY (SHOW).
VS A15 (4) 15M 10/57		23.	FUNERAL BIRECTOR'S SIGNATURE APPRESS APPRESS APPRESS APPRESS APPRESS APPRESS DATE APPRESS APPRESS APPRESS APPRESS APPRESS APPRESS DATE APPRESS APPRES
			P9.

1			MARYL	AND ST	ATE DEPART	MENT O	F HEALT	TH-BALT	IMORE, 1	8	
25			633	3	CERTIFI	CATE O	F DEAT	ſН		Reg. Dist. N	317
ral director.	1	. PLACE OF DEATH o. COUNTY Washing	rton		MARYLAN		IE .	Where deceased	lived. If institution b. COUNTY	Washi	
er of	才	b. CITY OR TOWN RURAL and give	(If autside corporate limit nearest town)	ls, write c.	LENGTH OF STAY IN	b c. CITY	OR TOWN (If autside corpore	ole limits, write R		
	<i>,</i> -	d. NAME OF HOSE	OWN PITAL (If not in hospital, g	ive street addr	err)	/ d. STR	EET ADDRESS	Smithsh	urg		e. IS RESIDENCE ON A FARM?
nd 2	/	Washing	ton County 1	H _o spita	3			ater St			YES NO
3 2	Ľ	NAME OF DECEASED (Type or print)	Fin	rt	Middle	Smī	th	4. DATE OF DEATH	Mav Mav	#h 7 <i>.</i> /	Day Year 19 60
etely fi 6. Pages	5	sex Female	6. COLOR OR RACE White	7. MARRIED	_	8. DATE OF	- T	960	AGE (In years last birthday)	Months Day	AR IF UNDER 24 HPS
completely papers. Pa	1	Da. USUAL OCCUPAT during most of we	ION (Give kind of work dorking life, even if relired)	lane 10b. KIN		IDUSTRY 11. BI	RTHPLACE (Sto	ote or foreign cou	entry)	12. CITIZEN	OF WHAT COUNTRY
carbon pagaffer death	1	3. FATHER'S NAME	-			14. MOT	HER'S MAIDEN	-			
physician emave car haurs afte	1		VER IN U. S. ARMED FORE	CES? 16, SOC	IAL SECURITY NO.	7. INFORMANT		ricia Sw	nzter Addi	ess	
attending n please re within 72	-		EATH [Enter only one co		r (a), (b), and (c),1					l in	UTFPVAL RETWEEN
the atter			EATH WAS CAUSED BY: IMMEDIATE CAUSE (c)		leetas	dig.				ö	NTERVAL BETWEEN NSET AND DEATH
, i i		Conditions, if		Pre	mate	irit					
<u> </u>		gave rise to couse (a), statin lying cause tos	g the under- DUE TO			/					
ng physician. le has been si burial-transit remayal, and	T SEE	PART IL O	THER SIGNIFICANT CONI	DITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO F
	CEPTIEI	20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING THE IS TO CAUSE OF DEATH FY MEDICAL EXAMINERS	20b. DESCRIB	E HOW INJURY OCCU	RRED. (Enter nat	ure of injury i	in Part I or Part I	II of item 18.)		,
ital or attend r this certifica for use as the crematian, ar	MEDICAL		JRY Month, Day, Yea	While	Not while	PLACE OF INJU factory, street,	JRY (Home, fo	orm, 20f. (City o	or lown)	(Count	y) (State)
. 4			that I attended the	deceased	from						
TOR: After has detached to burial,	/	olive on		12	,, ond that de	oth occurred	l at	M, from ADDRESS (Stre	the couses a let, city or town,	nd on the c	late stated above DATE SIGNE
DIRECTOR Prior		DONATURE	7-1716	Mu	e A.	M.D					1444
registrar	2	PHYSICIAN'S NAME (Type)	Dr. F. D. D.						St., Hage		
may Dage the re		Crematio	n 5/18/60		ash. Co. H			(on (Cily, town, o	Md.	(Stote)
VS A15 (4)	23	3. FUNERAL DIRECTO	O CONTRE	e 2	ADDRESS / fog	ersto		C'D BY REGISTR		TRAR'S SIGNAT	
Noss 6	Service Contract	2 2 3	1 , 1	3 10 1	1110						



FOR STATE HEALTH DEPT.

1

DEPLY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any the first is necessary, please exect a certificate, writing the word "pending" in pendit is them 18. Give Pages 1, 2, and 3 to the first of director. Page 4 shot be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 5 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any prent within 72 hours after death. I

V

1

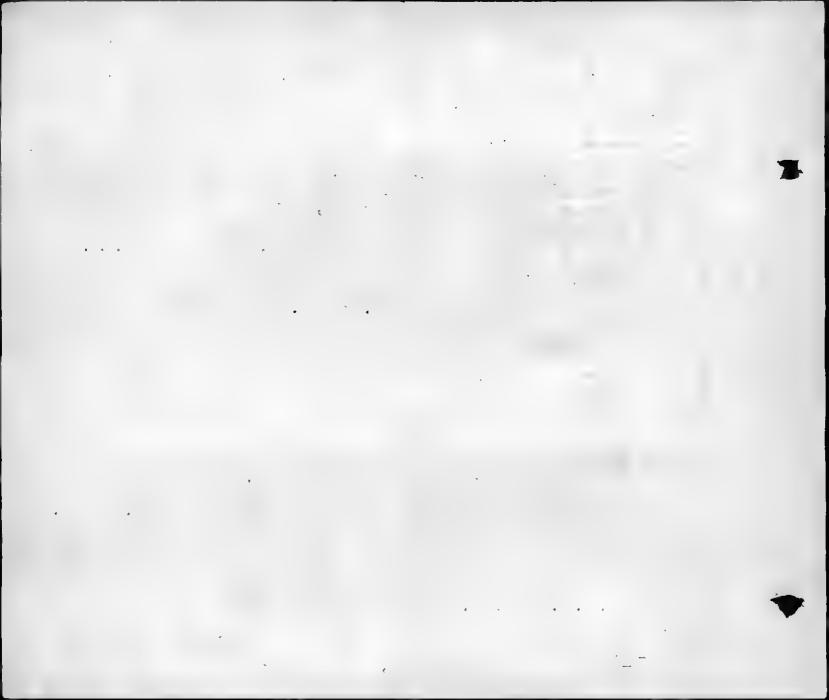
1 n.

٧0 9 VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 COOMEDICAL EXAMINED'S CEPTIFICATE OF DEATH

06318

		200%						Reg. Dist.	No.
1.	PLACE OF DEATH COUNTY Wa	shington		MARYLAND	2. USUAL RESIDENCE	Where deceased yland	Elived If institution 6. COUNT		before odmission) ngton
t	Hagersto	ll pulside corporale Em Is, wi n])WZ	de RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	I (If outside corpo lagerstor		RURAL ond gr	ve neorest town)
(on County H		pital, give street address)	325 Robin		ive		ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Chris	tine	Marie	5mith	4. DATE OF DEATH	May		Dey Year L4 1960
5. 1	Female	6. COLOR OR RACE	7. MARRII		June 23, 195	4	AGE (in years lost birthday) 8 yrs	Months Da	EAR IF UNDER 24 HRS ys Hours Min.
9	USUAL OCCUPATI Juring most of worki	ng life, even if refired	done 10b l	(IND OF BUSINESS OR INDUS		ole or foreign cou			N OF WHAT COUNTRY
13.	FATHER'S NAME				14. MOTHER'S MAIDE	NAME			
		indsey SH		SOCIAL SECURITY NO 17.	A1	nna Jean	Morgan Address	,	
,,,,,	no	the year. Give war ar easies o	in parvice)	none M	r. James L.	Smith	Hagers	town, 1	Maryland
	18. CAUSE OF DEA	ATH [Enter only one co			A A Million - Age - Agent-co-religative in Agent-Anthogogia - Madillo - Million - Madillo - Million - Mill			T	INTERVAL BETWEEN DISSET AND DEATH
	Conditions, if (i)	diate couse	Fra Fra	cture Of Right cture Of Left		bia			30 minutes
	(a), sloting the couse tost.) (e) Fra	cture Of Skull					
CERTIFICATION			NDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE I	CONDITION GI	VEN IN PART I	PERFORMED?
CERTIFI	200. EXTERNAL CA PRIMARY DE or CO CAUSE OF DEATH	USE WAS INTRIBUTING []		E HOW INJURY OCCURRED (Fitem 18.}	,	
MEDICAL	20c. TIME OF INJU	JRY Manth, Day, Y	eor 20d While	1101 WHITE	ICE OF INJURY (Home, flory, street, office bldg.,	orm, 20f. (City a		(County	
Z	2:15 p.m.			remains described obt	Street	present		Wash.	Md.
				couses . Accident		Homicide [pection [C] 	, Inquiry ermined ma	
	ACTUAL SIGNATURE	1 76	Du	4	M D. CHIEF MEDICAL				DATE SIGNED
	EXAMINER'S NAME (Type)	r. E. W. D	itto.	Jr.		OICAL EXAMINER AL EXAMINER	L	5/16/	60
220	BURIAL, CREMATIC REMOVAL (Specify Burial	ON. 276 DATE THERE	OF 260	Rest Haven C			on (City, town,	20	(Stote) arvland
Per manual	FUNERAL DIRECTO	RS SIGNATURE Duzer l'uner			24o. R	EC'D BY REGISTRA	AR 24b. REGI	STRAK'S SIGNA	ATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6363 MEDICAL EXAMINER'S CERTIFICATE OF DEATH please execremotian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY Washington a. STATE Maryland b. COUNTY Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, write BURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 2 yrs. Sharpsburg Sharpsburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . 15 RESIDENCE 108 Church Street ON A FARM? 108 Church Street YES NOT NAME OF DECEASED DATE Day Year OF DEATH (Type or print) Smith 14 60 Mark Anthony May 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 14 DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Hours Mala White \mathtt{Nov}_{ullet} WIDOWED | DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY Hagerstown Md. U.S.A None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME moy Willie Frances Smith Hazel Marguerite Bussard 40 bod 16. SOCIAL SECURITY NO. 17. INFORMANT 108 Miurch Street NO NO Give Mr. None Willie Smith Sharpsburg Maryland P.M.3. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Instant form Drowning IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (o), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY Ö CERTIFICATION PERFORMED? NO P 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) PRIMARY TO TONTRIBUTING CAUSE OF DEATH. 3 should 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or lown) Month, Day, Year 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) to the Chief Medical DIRECTOR: Page 3 st Not while 2 34 p.m. of work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 4 death resulted from: Notural couses ... Accident 2; Suicide 1. Homicide . Undetermined cause certificate configuration of the Commerce to t DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER [] NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION! (State) 17-60 Mt. View Cemetery 0 May Sharpsburg Maryland 23. FUNERAL ERRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) MAY 1 7 '60 5M 9/55



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

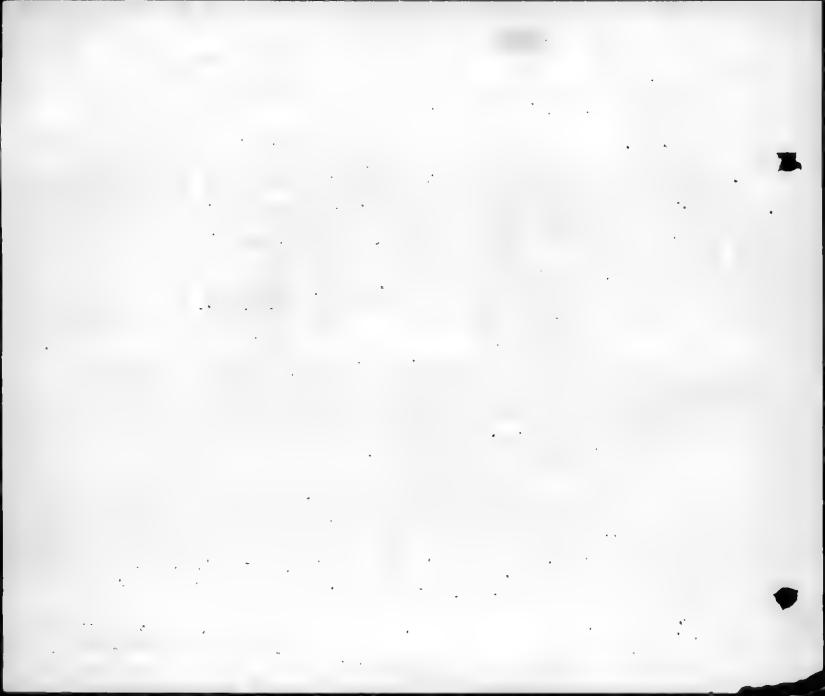
6347

CERTIFICATE OF DEATH

06320

Reg. Dist. No.

		PLACE OF DEATH		2. USUAL RESIDENCE (Where de		Residence before admission)
		Washington	MARYLAND	maryland	of p county	ashinoton
	E	CITY OR TOWN (If outside comporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RUR	AL and give pearest town)
		WilliamsDort	ZWECKS 5day	30 HageRs;	town	
	4	NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	oddress)	d. STREET ADDRESS	~ 1	e. IS RESIDENCE ON A FARM?
d on			nitarium	330 n. Poto	mac St.	YES NO IT
	3. [NAME OF First	Middle	Last 4. D	ATE Month	Day Year
		Type or print) LdA	m.	Stahl Di	ATH May	29. 1960
	5. 5	EX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
		-emale white WIDOWEI	D DIVORCED	may25, 1877	83 yrs.	Months Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, eyen if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Y	1	Housewill &	wa Hom	e Williamson	Penn,	YU,5.A
	13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
	(on rad Hartman	77	maky 50	7779	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S	SOCIAL SECURITY NO	INFORMANT / //	2-30 Address	
	(1.0.	No	None VV	WYK. Litaki	Haver	stown hill
		IB. CAUSE OF DEATH [Enter only one couse per line	e for (o), (b), and (c).]			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	riffuse	(arciverelto	5,15	Zaca
		199 2 DUE TO				
		Conditions, if ony, which) 151	exectatic	Squamous.	cell Ce	9
		gove rise to immediate DUE TO				
		lying couse lost.				
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	F NOT RELATED TO THE TERMINAL DI	ISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY PERFORMED2
	CATION	Small obs	cess			YES NO
	CERTIFI	206 ACCIDENT WAS UNDERLYING [] 206 DESC OR CONTRIBUTING [] CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I o	or Port II of item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL			ACE OF INJURY (Home, form, 20f.	(City or town)	(County) (Stote)
	MEE	P. m. 19 While of work	1401 MMILE			
		21. I certify that I attended the decease	ed from Mac	24,1960 to M2	739 1960h	at I last saw the deceased
		alive an May 29 , 19 (and that death	accurred at 2502.M, fr		
		2000	12-1	ADDRE	SS (Street, joilty or lown, sta	DATE SIGNED
		ACTUAL SIGNATURE	Kut	M.D. 28 W. 9	Potowa	<u>C</u>
		PHYSICIAN'S IN E T	V	1 . 11 .	- t	111
		NAME (Type)	- N'	4/11 id ms	Poul	1,10
	220	BJRIA., CREMAT.ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	COCATION (City, lown, or o	county) (State)
	1	SURIAL LELYTOO	- 1	EW EM.	IVIER CER	SBURGIA.
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY R	EGISTRAR 246, REGISTR	RANS SIGNATURE
	_	- 166 hunger.	I IEKCEKSE	CIRC. 14. DATION 5		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 9/55

06321Reg. Dist. No. Was

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

ANTERVAL BETWEEN ONSET AND DEATH

Days

PERFORMED? YES NO TO

(Stote)

DATE SIGNED

26-40

(Stote)

(County)

Chilling S. Firend

...that I last saw the deceased

12. CITIZEN OF WHAT COUNTRY?

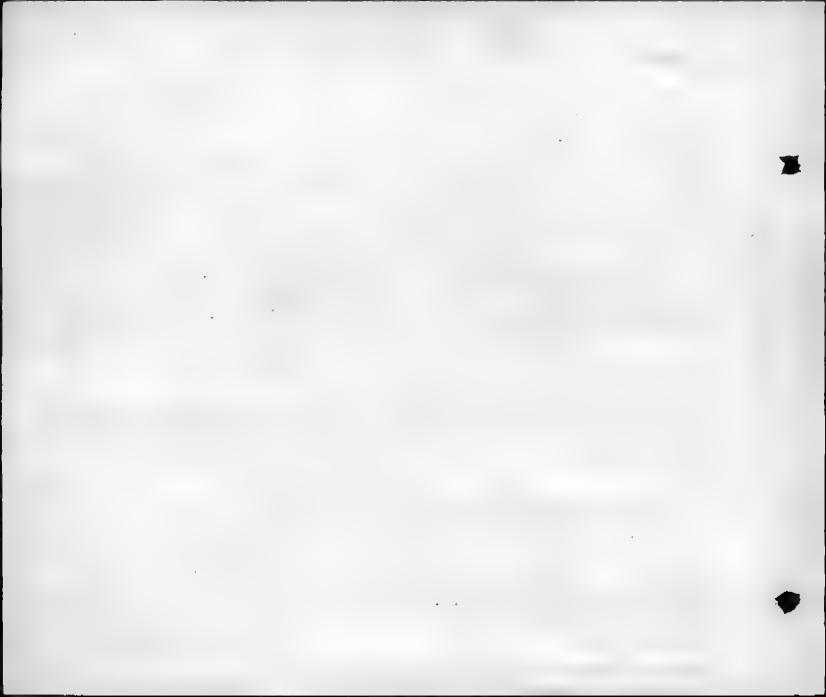
Months

e. IS RESIDENCE

ON A FARM? YES NO

Year

1960



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06322

2.5	6335	
direct Wild With	1, PLACE OF DEATH a COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
音(M)	Washington MARYLAND	Maryland Washington
be at	b. CITY OR TOWN (if outside carporate limits, write RURAL and give represt town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
should	Hagerstown 21 Mons	Hagerstown
the 2 sha	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
k ii P	549 Frederick, Street	140 North Looust Street YES NO
υ – ·	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Yeor
y filled ages	(Type or print) AUDA MAE SWA	
d completely fillen popers. Pages haves after death		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Idast birthday) Manths Days Haurs Min.
ple afte		lugust 16, 1900 59 yrs.
comple papers aurs afi	100 USUA: OCCUPATION (Give kind of work dane during most of working life, even if retired)	
ond 27.7 ha	Top Stitcher Southern Shoe	Davis Tucker Co, W.Va USA
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	Benjain Franklin Larrick	Fannie C. Johnson ORMANI Address
physic remave rent, with	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFO (Yes, no. or unknown) 1 (If yes, give wor or defee of service)	ORMAN Address
ng ph event		rs. Edna Cromer 549 Frederick St
eds any	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	agers town. Marviand Interval Between
# E : E	PART I. DEATH WAS CAUSED BY: Userna , & Ridne	ONSET AND DEATH
The	DUE TO	
. Py	conditions, if ony, which) in Pyelouphitis	and abcess who bidney weeks
Page Page Page Page Page Page Page Page	gove rise to immediate	1
<u> </u>	lying couse last.	she rend selver bears
been transi an, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
ial-tr afian	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N TYPELLE CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF DEATH TO ACCIDENT WAS UNDERLYING CONTRIBUTION COURSED OR CONTRIBUTION CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER!	due al PERFORMED?
De la	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of item 18.)
at the		
De o o o		CE OF INJURY (Hame, Form, 20f. (City ar tawn) (County) (State) ary, street, affice bldg., etc.)
를 하 다 다	Haur a.m. 19 While Not while tacks 19 of wark of work	A stack arried make, seed
1 2 2 4	21 I certify that (I) (this haspital) attended the deceased from	Nov 1958, to May 17, 1960, that (1) (we) lost
A P P		ath occurred at 1116. M, from the causes and on the date stated above
TOR: / detach Health	20. SIGNATURE	22b, DATE
of d	John C. Stauffer M. D. M.	ATTENDING MED STAFF SIGNED
	22 PHYS CIAN'S	22d. ADDRESS
1 Shauld are Board	John C. Stauffer M.D.	Hagerstown, Maryland-
NER 13 s tate	230 BUR.A., CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR	
page the St	REMOVAL (Specify) Burial 5/22/60 Timber Ridge	Comptent High View Hamphire Co W.
2 °±	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	3 VEILLE TO BY REGISTRAR 256 REGISTRAR'S SIGNATURE
(15 (4)	Andrew K. Coffman Hagarataun	Md DATEMAY 23 60 Cultur S. Kins
9/59	Andrew K. Coffman , Hagerstown	

NLOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 thours after death. Page 4 TO HOSP VR A

15M 9/59



633MEDICAL EXAMINE necessory, please ere-tor. Page 4 should be cremotion, PLACE OF DEATH a. COUNTY Washington MARYL buriol, b. CITY OR TOWN III outside corporate limits, write EURAL c. LENGTH OF STAY IN Hagerstown ector. prior to d. NAME OF HOSPITAL OR INSTITUTION, Ill not in hospital, pipe steper oddress)
Washington County Hospital retained for your to NAME OF DECEASED Middle First Charles [Type or print] Edward ve Poges 1, 2, and 3 to the full Poge 5 may be referred. 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 5. SEX White Male WIDOWED [DIVORCED [10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN dyring most of working lite, even if retired)

Cement Quarry 13. FATHER'S NAME executed within 24 hours William Taylor 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. NO Give 9625 cute (prifficate, writing the word "pending" in pencil in Item 18. Gi forwar 45 to the Chief Medical Exominer's Office along with form PM3.

• FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Fracture Skull IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which Cerebral Contu gave rise to immediate cause DUE TO (a), stating the underlying Comminuted Fra PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CATION 20g, EXTERNAL CAUSE WAS PRIMARY SO or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRE Struck by automobi MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. While Not while at work at work 21. I certify that I took charge of the remains described death resulted from: Natural causes ACTUAL SIGNATURE removol **EXAMINER'S** NAME (Type) E. W. Ditto. O DEP 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify) June 1-60 Burial Greenlawn

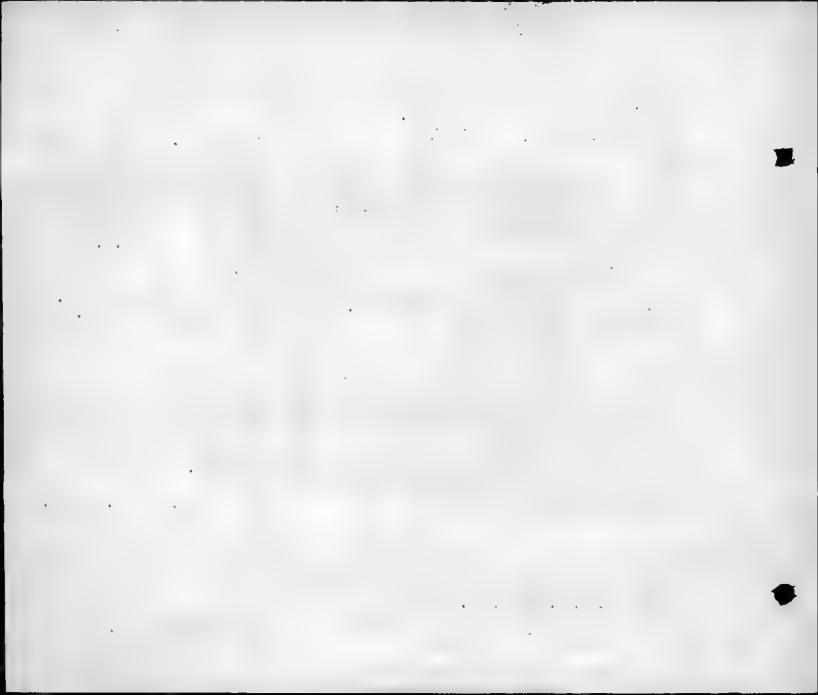
ADDRESS

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00000

R'S CERTIFIC	ATE OF	DEATH	0.00	40
			Reg. Dist. N	lo.
2. USUAL RESIDEN	CE (Where decem			efore admission)
	ryland	b. COUNT	washi	Ington
16 c. CITY OR TOW	N (If outside corp	orote limits, write	RURAL and give	nearest town)
A Hage	erstown			
d. STREET ADDRI				ON A FARME
821	Jirgini.	a Ave.		YES NO NO
Lost	4. DATE OF	Monti	Do:	
Taylor	DEATH	May	29	1960
B. DATE OF BIRTH		9. AGE (In years lost, birthday)	IF UNDER TYEAR	
March 2	1880 ∤	80″ _{yrs.}	Months Pays	Hours Min.
DUSTRY 11. BIRTHPLACE ("		12. CITIZEN (OF WHAT COUNTRY?
7	Maryla	and	U.S.	. A.
14. MOTHER'S MAID	EN NAME			
Mati	ilda Wo	lfe		
7. INFORMANT		827 Addings	rginia	ATTO
Mrs. Maud	Taylor	Hagers	town	//d
			I ING	ERVAL BETWEEN SET AND DEATH
				hours
sion & Lacer	ation			
cture Of Pel	vis			
UT NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIV	EN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
				YES T NO
D. (Enter nature of injury i	n Port I or Port II	of item 18.)		
le while cro	ssing st	reet.		
PLACE OF INJURY (Home, factory, street, office bldg.	form, 20f. (City	or town)	(County)	(Stote)
Street		rstown.	Wash.	Md.
above, held an Aut				, and find that
	-	determined o		
M.D. CHIEF MEDIC	AL EXAMINER			DATE SIGNED
	EDICAL EXAMINE		5-31-	60
	CAL EXAMINER		2-21-	.00
OR CREMATORY		ION (City, town,	or county)	(Stote)
Gemetery		amspor		,,
Pa- 1 240.	REC'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNATI	JRE
Med DAT	Lun 1 's	30 a	athur S. Hi	aud.



TO HOSP

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6338 **CERTIFICATE OF DEATH**

06324

Reg. Dist. No.

	PLACE OF DEATH o. COUNTY	Washingt	on	MARY	LAND	2. USUAL RESI a. STATE		ere decease [d .	d lived. If institut b. COUNT			dmission)
	CITY OR TOWN (IN RURAL and give no Hagersto		nits, write	30 year		CITY OR			rate limits, write	RURAL and g	ve nearest	tawn)
	OR INSTITUTION	Convasle		Hospital		A. STREET A	Guil	ford	Ave.,		0	RESIDENCE ON A FARM? S NO
	NAME OF DECEASED (Type or print)	Annie	rst	Hawkins		Wills	1	4. DATE OF DEATH	Мо		.O,	19 60
5. 3	'emale	6. COLOR OR RACE white	7. MARRI	DIVORCE		B. DATE OF BIRTI	. 188	5	9. AGE (In years last birthdoy) 74. yrs	Manths		INDER 24 HRS
100 k	. USUAL OCCUPATIO		dane 10b.	KIND OF BUSINESS OF		STRY 11. BIRTHPL	Bro	ok,	ountry)	12. CITIZ	EN OF WH	IAT COUNTRY?
13.		samuel Ha	wkins	3		14. MOTHER'S	MAIDEN N		fie Lut	holtz		
15. {Ye		R IN U. S. ARMED FOI (If yes, gave wor or doles of		SOCIAL SECURITY NO 4-14-6756		NFORMANT Harold	E. W	ills	, Hager	ress stown	, Md	•
	Canditions, if a gove rise to it cause (a), stating lying couse last.	ny, which) (I) mmediate bue to	D b)	cinoma of	f t	he live	r				l y	r,
CERTIFICATION				ONTRIBUTING TO DEA						VEN IN PART	PI	VAS AUTOPSY ERFORMED? S NO 2
CERTI	OR CONTRIBUTING	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OF	CURRE	D. (Enter nature d	f injury in P	art i or Par	i II at item 18-)			
MEDICAL	20c TIME OF INJUR Hour a. m. p. m.	Y Manth, Doy, Ye	20d. IN While at wark	Not white		ACE OF INJURY (chary, street, affice			or town)	(Co	ounty)	(Stote)
	21. I certify that I attended the deceased from April 18, 19, 60 to 19 10, 10, 10, that I lost sow the deceased alive on May 9, 1960, and that death occurred of 5:45 M, from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. 148 West Washington St. 5/11/60											
	PHYSICIAN'S NAME (Type)			ley, L.D.		Hager	stown	a, lua	ryland			
220	BUR AL, CREMATIO REMOVAL (Specify)	5-12-6		22c. NAME OF CEME Rivervie					rion (City, town,			(State)
	FUNERAL DIRECTOR			ADDRESS			24a. REC'C	BY REGIST	RAR 24b. REG	ISTRAR'S SIG		
1	COUL F.	MIRRIED &	E SOI	. Hagers	LOW	n. Md.	DATE	MAY I	2 '60	011	0 21	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6364

CERTIFICATE OF DEATH

16325 Reg. Dist. No.

							N. C.	g. DISI. 140.			
		PLACE OF DEATH O. COUNTY	MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE Maryland Frederick						
		Washington									
	-	b. CITY OR TOWN (If outside corporate limits, while RURAL and give nearest town)	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	V	Williamsport, R.D. 8	VCS	-	Thurmor	it .		100	2		
Ċ	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d STREET ADDRESS e. IS RESIDENCE ON A FARM?						
		Homewood. Evan. Refd. Home	YES NOXOX								
	3 NAME OF DECRASED (Type or print) EFFIE V. WINGER				desi 4. Date Month Day Yeo DEATH May II. 1960 19						
	5. 5	6. COLOR OR RACE 7. MARRIED NE	VER MARRIED 📑	8. DA	E OF BIRTH	9 A		INDER I YEAR IF			
		F. White WIDOWED	DIVORCED [July 15.	1870	Mo Aug Mo	onths Days I	Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN 0 12 CITIZEN 0							2 CITIZEN OF W	VHAT COUNTRY?		
		Housework Own.	Home		Penna			U.S	5 • A		
	13.	FATHER'S NAME		14.	MOTHER'S MAIDEN	NAME					
		John G. Winger		Mary	Bowman	1					
	\5.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE s. ng. pr unknown) [(II yes, give wor or dates of service)		INFOR			Address				
	1	No (II yes, give wor or dates of service) None	Homewood Records Williamsport, Md.								
_		18. CAUSE OF DEATH [Enter only one couse per line for (o),	b), ond (c).]				^	INTER	AL BETWEEN		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Din 1	25	arlan	_ ('N')	lupse.		M. E.		
LOG DUE TO									1		
		Conditions, if ony, which) (b) Chillian . learning again.									
gove rise to immediate couse (a), stating the under-							for	10			
lying couse lost. (c)									100°		
	N O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?									
	A.							Y	ES NO		
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
		(IF EITHER, NOTIFY MEDICAL EXAMINER)									
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCC		PLACE O	F INJURY (Home, for	n, 20f (City or to	own)	(County)	(Stote)		
	Hour a.m. While Not while foctory, streel, office bldg., etc.) p. m. 19 at work of work										
	-	21. I certify that I attended the deceased from 1957, to 1959, to 1960, that I last saw the deceased									
		alive an Many and that death accurred a LO P: M, from the causes and an the date stated above.									
		ADDRESS (Street, city, or town, shate)									
		ACTUAL TO SEE CONTRACTOR OF THE SECOND SECON									
		SIGNATURE	= = -1)	_ M.D.				-7	7-1-1		
		PHYSICIAN'S LOUIS G. G.	att		1700	Dr. Th	N		′]		
	220	22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or county) (Stote)									
		Buriai May. Ili. 1960 Fair			m. 4. 7m.	corsbu			Pæ.		
		HUNERAL DIRECTOR'S SIGNATURE CREATE ADD	RESS			D BY REGISTRAR	24b. REGISTRA	R'S SIGNATURE			
	77	Raymond E. Creager	hurmen'	5.	MD DAMAY	1 6 '60	arthur.	S. Krues			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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